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Trends in Strength Training — United States, 1998–2004

Strength training is physical activity intended to increase muscle strength and mass. Adults who engage in strength training are less likely to experience loss of muscle mass (*1*), functional decline (*2*), and fall-related injuries than adults who do not strength train (*3*). Studies on strength-training interventions have indicated that inactive older adults who begin regular strength training achieve substantial strength gains within a few months (*4*). Because certain health benefits are linked to strength training, a national health objective for 2010 is to increase to 30% the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance on ≥2 days per week (objective 22-4) (*5*). This objective is also recommended by the American College of Sports Medicine (*6*). CDC analyzed 1998–2004 data from the National Health Interview Survey (NHIS) (*7*) to determine the annual prevalence of strength training among U.S. adults by age group and race/ethnicity. This report describes the results of that analysis, which demonstrated that although the national prevalence of strength training for U.S. adults increased slightly during 1998–2004, only 21.9% of men and 17.5% of women (age adjusted) in 2004 reported strength training two or more times per week. This is substantially lower than the national 2010 objective of 30% and underscores the need for additional programs to increase strength training among adults.

NHIS consists of face-to-face interviews regarding health status, use of health-care services, and health behaviors of the U.S. civilian, noninstitutionalized population. Data on strength training were collected every year during 1998–2004. The sample size ranged from 30,801 (1999) to 33,326 (2001), and the response rate ranged from 69.6% (1999) to 74.3% (2002) (*7*). Respondents were asked to report the frequency with which they engaged in strength training by answering the following question: "How often do you do physical activities designed to strengthen your muscles, such as lifting weights or doing calisthenics?" The same question was asked each year and was available in Spanish for Spanish-speaking respondents beginning in 1999. Respondents were categorized as meeting the national strength training objective if they engaged in strength training two or more times per week (*5*). Prevalence estimates by age and sex were weighted to account for nonresponse and were age adjusted to the 2000 U.S. standard population (*8*). Statistical software was used to account for the complex sampling design of the survey. Pairwise comparisons were performed to calculate *t* statistics, and differences were considered significant at $p<0.05$. When multiple comparisons were made, the Bonferroni adjustment was used ($p<0.05$ / number of comparisons). Only significant differences are reported in the results.

The age-adjusted prevalence of reported strength training two or more times per week among all respondents increased significantly, from 17.7% in 1998 to 19.6% in 2004. The difference between 1998 and 2004 was significant for women but not for men (Figure). In 2004, the age-adjusted prevalence of those who met recommended levels of strength training was significantly higher among men than women (21.9% versus 17.5%, respectively).

In 2004, strength training was least prevalent among those aged ≥65 years (14.1% among men; 10.7% among women).

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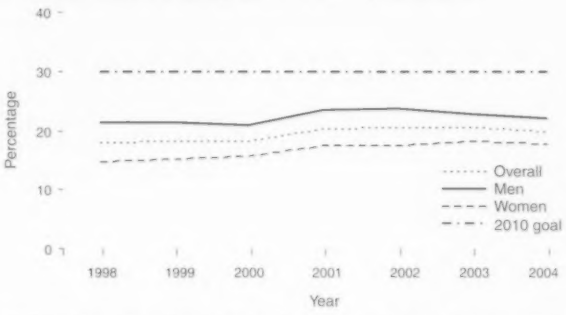
FIGURE. Age-adjusted prevalence* of strength training two or more times per week, by sex and survey year — National Health Interview Survey, United States, 1998–2004



* Weighted percentages have been age adjusted to the 2000 U.S. standard population.

Prevalence of strength training among men and women decreased significantly as age increased ($p<0.001$) (Table). However, men aged ≥65 years had a significant increase in prevalence during 1998–2004, and women aged 25–34, 45–64, and ≥65 years had significant increases during the same period.

During 1998–2004, the prevalence of strength training increased significantly among non-Hispanic white men and women. In 2004, the prevalence of strength training among men was similar for non-Hispanic whites (23.1%), non-Hispanic blacks (22.9%), and those classified as "other" (21.3%). Strength training was least prevalent among Hispanic men (15.0%). In 2004, strength training among women was significantly higher among non-Hispanic whites (20.4%) than among non-Hispanic blacks (11.3%), Hispanics (9.1%), and those classified as "other" (12.9%).

Reported by: *J Kruger, PhD, S Carlson, MPH, H Kohl III, PhD, Div of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, CDC.*

Editorial Note: The findings in this report demonstrate that the national prevalence of strength training for U.S. adults increased slightly during 1998–2004. Nonetheless, only 21.9% of men and 17.5% of women (age adjusted) in 2004 reported strength training two or more times per week, which is substantially lower than the national 2010 objective of 30%. In addition, the greatest yearly increase was from 2000 to 2001 ($p<0.001$); however, since 2001, no further progress has been made. Although women experienced a significant increase during 1998–2004 and men did not, overall strength training levels among women remained lower than among men.

The prevalence of strength training was lowest among respondents aged ≥65 years; nonetheless, respondents in this age group experienced the largest increase overall during 1998–2004. The factors that led to the increase in strength training in this group cannot be determined from this analysis, but

TABLE. Age-adjusted prevalence* of strength training two or more times per week, by age group, sex, and race/ethnicity — National Health Interview Survey, United States, 1998–2004

Characteristic	1998		1999		2000		2001		2002		2003		2004	
	%	(95% CI†)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Overall	17.7	(17.2–18.3)	18.1	(17.5–18.7)	18.1	(17.4–18.7)	20.2	(19.6–20.8)	20.4	(19.8–21.1)	20.4	(19.8–21.1)	19.6	(19.0–20.3)
Men	21.2	(20.4–22.1)	21.4	(20.6–22.2)	20.9	(20.1–21.7)	23.4	(22.6–24.2)	23.7	(22.8–24.6)	22.8	(21.9–23.8)	21.9	(21.0–22.7)
Age (yrs)														
18–24	36.3	(33.5–39.2)	35.8	(32.9–38.9)	34.7	(31.9–37.6)	37.9	(35.0–40.9)	37.5	(34.4–40.8)	37.0	(34.0–40.1)	35.8	(32.5–39.2)
25–34	28.2	(26.3–30.2)	27.8	(25.8–29.8)	27.7	(25.8–29.7)	31.1	(29.2–33.1)	31.3	(29.2–33.6)	28.6	(26.6–30.7)	27.2	(25.1–29.3)
35–44	21.0	(19.4–22.7)	22.3	(20.7–24.1)	20.6	(19.1–22.3)	24.7	(23.1–26.5)	24.3	(22.6–26.2)	22.8	(21.0–24.7)	21.6	(19.7–23.6)
45–64	16.5	(15.2–18.0)	16.2	(14.9–17.7)	16.4	(15.1–17.8)	17.6	(16.3–19.0)	18.3	(16.8–19.9)	18.5	(17.1–20.0)	17.3	(16.0–18.6)
≥65	11.0	(9.7–12.5)	11.3	(9.8–12.9)	11.4	(10.0–12.9)	12.6	(11.1–14.2)	13.6	(12.1–15.3)	13.5	(11.9–15.4)	14.1	(12.5–15.9)
Race/Ethnicity														
White, non-Hispanic	21.7	(20.7–22.7)	22.0	(21.1–22.9)	21.5	(20.5–22.5)	24.5	(23.5–25.6)	24.2	(23.2–25.3)	23.8	(22.7–25.0)	23.1	(22.0–24.2)
Black, non-Hispanic	22.9	(20.7–25.3)	23.7	(21.2–26.3)	23.2	(20.9–25.7)	23.5	(21.3–25.8)	25.6	(23.1–28.3)	25.0	(22.5–27.8)	22.9	(20.6–25.4)
Hispanic	16.1	(14.3–18.0)	15.1	(13.3–17.0)	15.0	(13.2–17.0)	15.7	(14.0–17.5)	17.0	(15.2–18.9)	16.7	(14.8–18.7)	15.0	(13.2–16.9)
Other§	22.3	(18.2–27.0)	20.9	(16.9–25.5)	21.6	(17.5–26.2)	21.6	(17.3–26.7)	24.6	(20.2–29.6)	23.2	(19.3–27.6)	21.3	(17.4–25.8)
Women	14.4	(13.7–15.0)	15.0	(14.3–15.7)	15.4	(14.7–16.2)	17.2	(16.5–17.9)	17.4	(16.6–18.1)	18.1	(17.3–18.9)	17.5	(16.7–18.3)
Age (yrs)														
18–24	19.6	(17.3–22.1)	21.0	(18.6–23.5)	20.1	(18.1–22.3)	22.2	(19.8–24.9)	20.4	(18.1–22.8)	22.4	(19.9–25.1)	20.1	(17.8–22.5)
25–34	18.1	(16.5–19.7)	17.8	(16.4–19.4)	18.3	(16.6–20.2)	21.1	(19.5–22.7)	21.5	(19.8–23.3)	21.6	(19.8–23.5)	20.8	(18.9–22.9)
35–44	16.9	(15.5–18.4)	17.7	(16.2–19.3)	16.5	(15.1–18.1)	19.7	(18.2–21.2)	19.7	(18.3–21.1)	19.9	(18.4–21.5)	18.2	(16.7–19.7)
45–64	12.3	(11.3–13.4)	13.1	(11.9–14.3)	14.6	(13.5–15.8)	15.6	(14.4–16.8)	16.6	(15.4–17.8)	17.2	(16.1–18.5)	17.6	(16.4–18.9)
≥65	6.8	(5.9–7.9)	7.4	(6.5–8.3)	8.7	(7.7–9.8)	9.0	(8.0–10.1)	9.2	(8.1–10.4)	10.3	(9.1–11.7)	10.7	(9.5–12.0)
Race/Ethnicity														
White, non-Hispanic	16.2	(15.4–17.0)	16.5	(15.6–17.4)	17.5	(16.5–18.4)	19.3	(18.4–20.2)	19.8	(18.8–20.7)	20.6	(19.7–21.6)	20.4	(19.3–21.5)
Black, non-Hispanic	9.4	(8.1–10.8)	11.7	(10.3–13.1)	10.3	(9.0–11.8)	12.9	(11.3–14.6)	11.3	(10.0–12.8)	11.7	(9.9–13.9)	11.3	(9.9–12.8)
Hispanic	8.9	(7.7–10.2)	9.5	(8.2–10.9)	8.7	(7.6–10.1)	9.2	(8.0–20.5)	9.3	(8.0–10.7)	10.8	(9.4–12.4)	9.1	(7.9–10.6)
Other§	12.0	(9.0–15.8)	13.8	(10.7–17.6)	12.4	(9.8–15.5)	17.0	(14.0–20.5)	17.5	(14.4–21.1)	17.4	(14.5–20.8)	12.9	(10.0–16.4)

* Weighted percentages (except for those in the age groups) have been age adjusted to the 2000 U.S. standard population.
† Confidence interval.
§ Includes American Indian/Alaska Native and Asian/Pacific Islander.

possible explanations include increased promotion of active lifestyles among older adults (*9*) and programs that specifically promote strength training, such as Growing Stronger (*10*) and the Strong-for-Life program (*4*). Despite these gains, additional measures to promote strength training among adults are needed. Strength training throughout life can sustain functional independence for activities of daily living (*1*), such as the ability to carry groceries, rise from a chair, or walk up a flight of stairs.

Findings from this analysis suggest that some racial/ethnic groups have a significantly lower prevalence of strength training than others. Strength-training prevalence was consistently lower among Hispanic respondents than among non-Hispanic white respondents during 1998–2004. However, all subgroups are at risk for not meeting national health objectives for 2010. Identification of barriers to strength training among all racial/ethnic groups, especially Hispanics, can guide the design of culturally appropriate interventions. One of the most important barriers for many adults, regardless of racial/ethnic subgroup, is initiating a strength-training program. Including another person in the program, such as a coworker, spouse, neighbor, or friend, can provide encouragement and motivation.

The findings in this report are subject to at least two limitations. First, information on strength training is self reported and subject to response and recall bias. Second, misclassification errors in reporting might have affected prevalence estimates of strength training. For example, respondents might have interpreted the survey question differently or might not have understood the definitions of strength training and calisthenics. The survey question specified weight lifting and calisthenics, but because respondents were not asked to provide details, activities such as stair climbing might have been missed.

Although the NHIS data indicate that the prevalence of strength training increased from 17.7% to 19.6%, the 2004 prevalence falls far short of the 2010 objective of 30%. Evidence-based studies have indicated that strength-training programs for older adults, such as Strong-for-Life (*4*), have resulted in strength improvements among participants; more programs like this are needed. Additional opportunities for adults to engage in strength training (e.g., in places where adults already pursue leisure-time physical activity, such as schools and community centers) could increase the prevalence of strength training. Additional opportunities are especially

important for racial/ethnic groups with lower prevalences (*9*). The findings in this report also underscore the need to increase education on the benefits of strength training among targeted adult populations.

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Progress Toward Poliomyelitis Eradication — India, January 2005–June 2006

The global eradication of poliomyelitis has reached a critical stage. The disease remains endemic in only four countries (Afghanistan, India, Nigeria, and Pakistan), which have reported most of the cases in 2006 (*1*). India is the most populous of the polio-endemic countries. Beginning in 2005, the Government of India (GOI) and its partners intensified eradication efforts by implementing additional immunization and surveillance strategies, including introduction of monovalent oral poliovirus vaccine types 1 and 3 (mOPV1 and mOPV3, respectively)* (*2*). The number of reported cases decreased from 134 in 2004 to 66 in 2005. However, cases have resurged in 2006; as of June 25, 2006, a total of 60 cases had been reported. Although intense local transmission continues in certain areas (i.e., western Uttar Pradesh [UP]), interruption of wild poliovirus (WPV) transmission in India is feasible with continued effective interventions. This report summarizes progress toward polio eradication in India from January 2005 through June 2006.

Acute Flaccid Paralysis (AFP) Surveillance

AFP surveillance is essential to polio eradication. AFP surveillance in India continues at high levels of sensitivity, with surveillance indicators above current World Health Organization (WHO) operational targets.† In UP and Bihar, the only two Indian states where polio remains endemic, the annual nonpolio AFP rate was >10 cases per 100,000 population aged <15 years, and adequate stool specimen collection was above 80% from January 2005 through June 2006.

Virologic testing of stool specimens from AFP patients in India is conducted at eight national laboratories, all of which are accredited by WHO as part of the Global Polio Laboratory Network (*3*). Despite an increased workload (55,535 specimens tested in 2005 compared with 35,885 in 2004), the laboratories sustained high levels of performance. Results of primary virus isolation were communicated to India's National Polio Surveillance Project within 28 days of specimen receipt at the laboratory for 99% of specimens tested in 2005. The mean interval from receipt of primary culture results to final poliovirus categorization (i.e., wild or vaccine related) was 6 days.

WPV Epidemiology

India reported 66 polio cases from 35 districts with onset of paralysis in 2005, of which 62 (94%) were WPV type 1 (WPV1) and four (6%) were WPV type 3 (WPV3). All four WPV3 cases occurred in UP.

* mOPV contains polio vaccine virus against either WPV type 1 or type 3 only; it does not provide protection against other WPV types. mOPV does provide greater immunity to the specific WPV type than does the same number of doses of trivalent OPV.

† The current WHO operational target for countries at high risk for polio transmission is a nonpolio AFP rate of at least two cases per 100,000 population aged <15 years and adequate stool specimen collection from ≥80% of AFP cases where two specimens are collected ≥24 hours apart, both within 14 days of paralysis onset, and shipped on ice or frozen ice packs to a WHO-accredited laboratory.

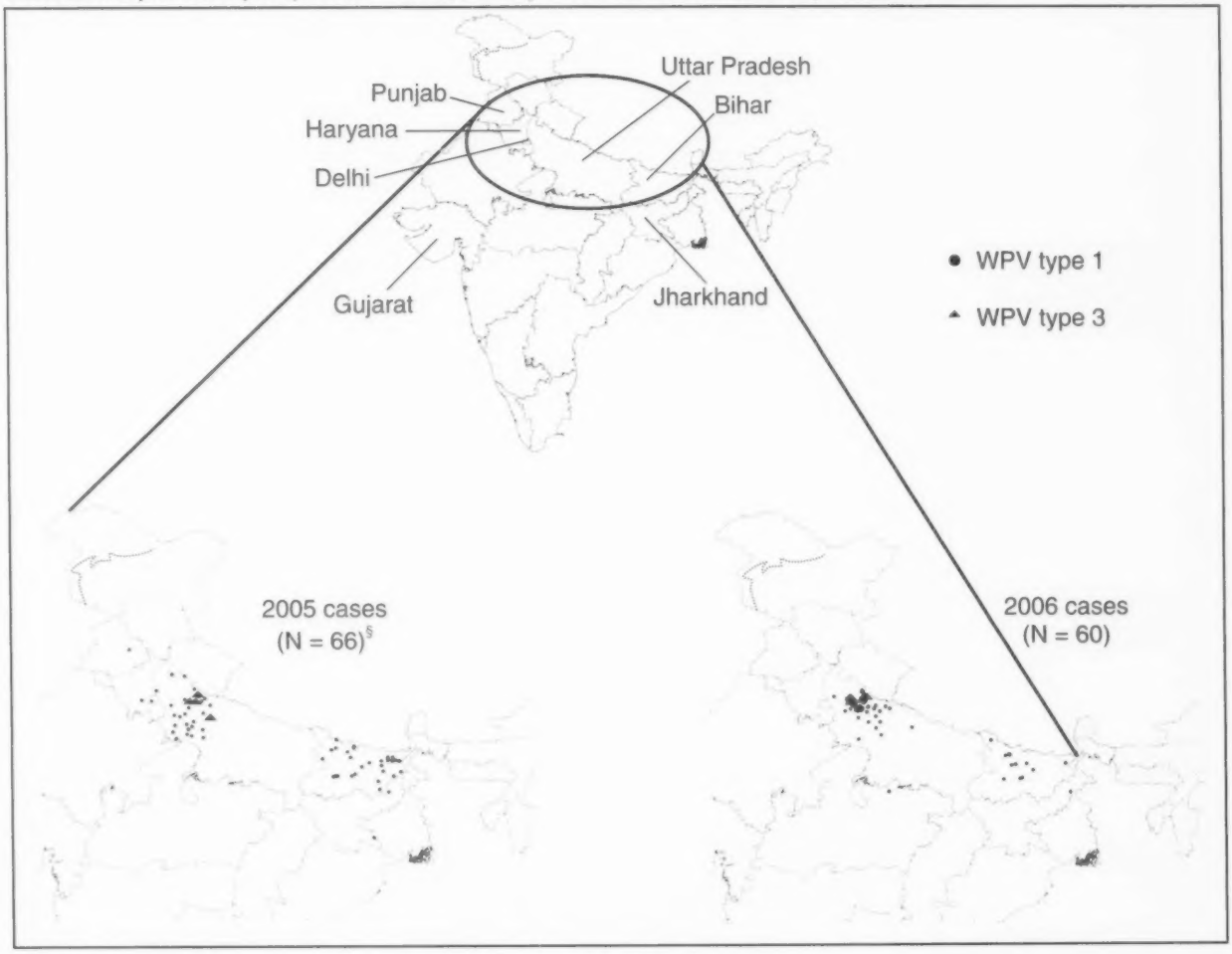
As of June 25, India had reported 60 polio cases (57 WPV1 and three WPV3) in 2006 with onset of paralysis occurring through May 2006. These 60 cases came from 20 districts, compared with 20 cases from 18 districts for the same period in 2005 (Figure). Of the cases reported in 2006, a total of 46 were from UP state, 12 from Bihar state, one from Madhya Pradesh state bordering UP, and one from Jharkhand state bordering Bihar. Twenty-six (43%) cases, including all three WPV3 cases, were reported from Moradabad district in UP. Forty-three (72%) of all cases reported in 2006 occurred in underserved[§] children, compared with 31 (47%) of all such cases reported in 2005. In Moradabad district, >85% of cases in 2006 were in the underserved population. In India, the majority of 2006 cases have occurred in children aged <2 years; 33% of 2006 cases have been reported in children aged <12 months, compared with only 15% in 2005. In Moradabad, >50% of 2006 cases have been reported in children aged 12–23 months (Table).

Genetic sequencing of WPVs isolated in India reveal that the number of distinct genetic clusters[¶] of WPV1 decreased

[§] Defined as belonging to a population having low socioeconomic standing, marginalized status, high population mobility, and poor sanitation.

[¶] All WPVs isolated in India are sequenced across the interval encoding the major capsid protein (VP1) (approximately 900 nucleotides), and results are analyzed to determine the likely origin (by state and district) of the virus. Isolates within a cluster share >95% VP1 nucleotide sequence identity.

FIGURE. Wild poliovirus (WPV)* cases — India, January–December 2005 and January–June 2006†



* Excludes viruses detected from environmental surveillance and vaccine-derived polioviruses.
† As of June 25, 2006. Includes cases with paralysis onset occurring during May but reported in June.
§ One WPV type 1 case in Gujarat state is not indicated on the map.

TABLE. Wild poliovirus (WPV) incidence, by state and selected characteristics — India, January–June 2005 and January–June 2006*

State	No. of confirmed WPV cases			No. and % of WPV cases by age of patient						No. and % of WPV cases in underserved† children	
	All of			0–11 mos		12–23 mos		>24 mos			
	2005	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Uttar Pradesh	29	9	46	1 (11)	15 (33)	4 (44)	16 (35)	4 (44)	15 (33)	6 (66)	36 (78)
Moradabad	*4*	*0*	*26*	—	*4 (15)*	—	*15 (58)*	—	*7 (27)*	—	*22 (85)*
Bihar	30	8	12	2 (25)	4 (33)	2 (25)	3 (25)	4 (50)	5 (42)	4 (50)	6 (50)
Other states	7	3	2	0 (0)	1 (50)	1 (33)	0 (0)	2 (66)	1 (50)	0 (0)	1 (50)
Total	**66**	**20**	**60**	**3 (15)**	**20 (33)**	**7 (35)**	**19 (32)**	**10 (50)**	**21 (35)**	**10 (50)**	**43 (72)**

* Includes cases with paralysis onset occurring during May but reported in June. For 2006, cases shown are reported as of June 25, 2006.
† Defined as belonging to a population having low socioeconomic standing, marginalized social status, high population mobility, and poor sanitation.

from three in 2004 to two in 2005 to one in 2006 (as of June 25, 2006) (*3*). Within the surviving WPV1 cluster, distinct lineages (roughly corresponding to chains of transmission) have been reduced in UP and Bihar to two each in 2006 from five and four each, respectively, in 2005. Only one WPV3 lineage persists in India and is located in only one district (Moradabad) in UP.

Weekly environmental sewage sampling in three urban wards of Mumbai detected WPV1 in 85 (53%) of 159 samples in 2004, in 16 (10%) of 156 samples in 2005, and in two (5%) of 42 samples in the first half of 2006, most recently in January 2006.** Genetic sequencing indicated that the isolates were closely related to viruses found in Bihar and UP. Although three WPV1 cases were reported from Mumbai and nearby districts in 2004, no WPV cases were reported there from January 2005 through June 2006, despite highly sensitive surveillance.

Immunization Activities

Routine vaccination coverage with 3 doses of OPV continues to be low in the polio-endemic states (Bihar, 27%; western UP, 38%; and eastern UP, 45%) (UNICEF, unpublished data, 2005). To improve these coverage rates, new strategies are being planned and gradually implemented, including hiring and training more staff dedicated to routine immunization, expanding vaccine-preventable disease surveillance, and launching immunization campaign activities specifically for all routine immunizations covered under WHO's Expanded Program on Immunization.

GOI conducted 10 supplementary immunization activity (SIA)†† rounds during 2005, including two nationwide rounds and eight subnational rounds in states and districts where WPV was detected or where a high risk for WPV circulation existed. During the first 6 months of 2006, GOI conducted four SIAs, two nationwide and two subnational rounds; GOI is planning four more SIAs for the remainder of 2006. Continued monitoring of SIAs revealed that the percentage of missed houses increased from approximately 8% during January–April 2005 to an average of 11% in all rounds during May 2005–January 2006 in the densely populated Moradabad district in UP, indicating a decline in SIA quality.§§

SIAs added mOPV1 in April 2005, and it was used in most SIA rounds conducted during April–November in Bihar, UP, Mumbai (Maharashtra state), and polio-free states that had documented cases of WPV1 importation. However, mOPV1 was not used in consecutive rounds until 2006, when, for the first time, four consecutive mOPV1 rounds were conducted in western UP. In December 2005, mOPV3 was first used in eradication activities in western UP, after detection of WPV3 in Moradabad district. Trivalent OPV (tOPV) continues to be used in the routine childhood immunization program and in SIAs in states at low risk for polio transmission (*1*).

Reported by: *Ministry of Health and Family Welfare, Government of India; National Polio Surveillance Project; Immunization and Vaccine Development Dept, WHO Regional Office for South-East Asia, New Delhi; Poliovirus Laboratory Network, Ahmedabad, Bangalore, Chennai, Coonoor, Kasauli, Kolkata, Lucknow, and Mumbai; UNICEF, New Delhi, India. Immunization, Vaccines and Biologicals Dept, WHO, Geneva, Switzerland. Div of Viral Diseases and Global Immunization Div, National Center for Immunization and Respiratory Diseases; SJ Doshi, MD, EIS Officer, CDC.*

Editorial Note: The polio eradication program in India reached several milestones in 2005 and early 2006 toward the goal of ending polio transmission in India. The use of mOPV1 during large-scale SIAs had a substantial impact on virus transmission in polio-endemic areas where high coverage was maintained and achieved; mOPV1 was instrumental in stopping

** Although sewage samples continue to be collected, no laboratory results have been available since the end of March 2006 because of a fire in April in the Global Specialized Laboratory in Mumbai.

†† Mass campaigns conducted during a brief period (days to weeks) in which 1 dose of OPV is administered to all children aged <5 years, regardless of vaccination history. The geographic extent of campaigns (national versus subnational) is determined by analysis of surveillance data. OPV can be administered at fixed sites, by mobile teams during house-to-house visits, by mobile teams at transit points (e.g., train stations or markets), or through a combination of strategies, depending on local circumstances.

§§ SIA quality is defined by the number of missed houses during house-to-house vaccination activities and the number of houses designated incorrectly by vaccinators.

local virus transmission in Mumbai, where sewage samples indicated only imported viruses. The number of virus lineages persisting in western UP decreased from five in 2005 to two in 2006 after use of mOPV1. In Bihar, the use of mOPV1, combined with increased government support, led to a reduction in lineages from four in 2005 to two in 2006.

Although three times as many cases were reported from India during the first half of 2006 compared with the same period in 2005, genetic-sequencing data indicate that transmission is now restricted to only one circulating WPV1 genetic cluster, and over half of the chains of virus transmission present in 2004 have been eliminated. The geographic distribution of WPV1 circulation has contracted since 2005, with no WPV cases identified in the southern Indian states, West Bengal, or in the western states of Maharashtra or Rajasthan. Delhi, which is adjacent to UP, has not reported a WPV case in 2006. Even in UP, the resurgence of cases is restricted to a circumscribed area of a few districts of western UP, centered on Moradabad district. Moreover, WPV3 has been identified in only two administrative blocks in one district in western UP in 2006, compared with four administrative blocks in three districts in 2005.

The polio laboratory network remains a cornerstone of India's polio eradication program. By strengthening management techniques in 2005 and introducing new technologies in early 2006, the laboratories continued to provide rapid results. Genetic data generated by the Global Specialized Laboratory in Mumbai have been used to target immunization efforts in the most critical areas. For example, during SIAs, vaccinators are now deployed along major train routes, after genetic data and epidemiologic investigations identified these routes as channels of virus transmission across districts and states.

UP and Bihar remain the source of ongoing WPV transmission in India and exportation of WPV to other countries, including the polio-free countries of Angola (with spread to the Democratic Republic of Congo and Namibia), Bangladesh, and Nepal (*4*,*5*). Data from UP and Bihar confirm that most WPV circulation is occurring in areas with inadequate SIA quality, suggesting that the early 2006 resurgence of cases has resulted from reduced community participation in vaccination campaigns and decline in the quality of vaccine program implementation. Western UP is a particularly challenging area for interrupting polio because of high population density, a large birth cohort, poor sanitation, and high population mobility. These characteristics are especially evident in areas such as Moradabad, where a large population resides with low socioeconomic standing, marginalized social status, and poor sanitation.

To improve SIA quality in areas at high risk for polio transmission, several strategies were used during 2005 and early 2006 on the basis of recommendations from the India Expert Advisory Group on Polio Eradication (IEAG), including 1) development and licensure of mOPV1 and mOPV3 for use in SIAs, 2) deployment of additional personnel to areas at high risk for polio transmission, 3) enhanced social mobilization efforts targeted to underserved population groups missed during previous SIAs, 4) use of mobile teams to vaccinate children at transit points (e.g., train stations or markets), and 5) increased engagement and accountability of GOI leaders and workers (*2*).

In May 2006, IEAG recommended increased emphasis on administering a dose of mOPV1 to all infants at birth to 1) vaccinate infants before they are infected with competing enteric pathogens that might reduce the efficacy of OPV and 2) help decrease the population immunity gap in areas of UP at high risk for polio transmission. Improved surveillance and maintenance of recent gains in SIA coverage in Bihar also were recommended (*6*).

As a result of these new programmatic strategies, field monitors reported improvement of SIA quality in Bihar in all four rounds in 2006, compared with the rounds held in the second half of 2005. Reports from Moradabad also indicate that the number of missed houses during vaccination activities steadily decreased, from 11% in January 2006 to 8% by April 2006. Additional monitoring measures to identify and target underserved children and those in transit will help ensure that all children are reached.

The decrease in genetic diversity and geographic spread of the virus suggests that India might be in the final stages of polio eradication. A resurgence of cases occurred in a localized area of western UP because of problems with immunization campaign quality. Improvements in SIA implementation in the remaining areas of virus transmission, effective social mobilization and communication activities targeting the underserved population, and enhanced community and political commitments are needed to eradicate the disease in India.

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Pseudomonas aeruginosa Infections Associated with Transrectal Ultrasound-Guided Prostate Biopsies — Georgia, 2005

Transrectal ultrasound (TRUS)-guided prostate biopsies are among the most common outpatient diagnostic procedures performed in urology clinics, with an estimated 624,000 performed annually in the United States (CDC, unpublished data, 2006). The procedures generally are performed in follow-up to elevated levels of prostate-specific antigen or abnormal digital rectal examinations (*1*). Septicemia has been reported as a rare complication of the procedure (*2*). This report summarizes an investigation of four cases of *Pseudomonas aeruginosa* infection after TRUS-guided prostate biopsies in which contamination of the equipment was the likely source. The findings underscore the need to adhere to recommendations for the cleaning and disinfection of TRUS-guided prostate biopsy equipment.

On July 28, 2005, a urologist notified the Georgia Department of Human Resources, Division of Public Health (GDPH) regarding four patients who were hospitalized with *P. aeruginosa* infections within 6 days of outpatient TRUS-guided prostate biopsies performed at a clinic. All procedures were halted at the clinic pending the investigation. The four patients were white, non-Hispanic men aged 57–71 years who had undergone the biopsy procedure during July 20–26, 2005. They were the only patients who had TRUS-guided prostate biopsies at the clinic during that period. Subsequently, all four experienced fever and chills and were admitted to the hospital 1–6 days (mean: 2.5 days) after their procedures. Three patients were admitted with diagnosed septicemia and the fourth with a diagnosis of infection. *P. aeruginosa* was recovered from cultures of blood (one patient), urine (two patients), or blood and urine specimens (one patient). The patients were treated successfully with a combination of intravenous and oral antimicrobial agents during hospitalizations of 2–12 days (mean: 5.8 days).

All procedures had been performed in the clinic by the same urologist and staff members using the following technique. Immediately before each procedure, a new finger cot was fitted over the distal tip of the ultrasound probe, filled with gel to eliminate air bubbles, and secured with an O-ring. A standard condom was then fitted over the finger cot and ultrasound probe and filled with lubricant. Next, a steel, nondisposable needle guide was fitted over the ultrasound probe, finger cot, and first condom. A second condom was fitted over these items and filled with lubricant. Once the ultrasound probe was inserted into the rectum and positioned correctly, the urologist used a spring-loaded biopsy gun to fire a sterile biopsy needle through the needle guide into the prostate, piercing the second condom, to obtain a core of tissue for pathologic analysis. The same needle was withdrawn and reinserted through the needle guide approximately eight times to obtain the needed tissue cores from each patient.

The clinic's standard practice for perioperative prophylaxis included administration of 500 mg of levofloxacin orally the night before the procedure, an enema per rectum 1 hour before the procedure, and 80 mg of gentamicin intramuscularly upon arrival at the clinic on the day of the biopsy. After the procedure, patients were instructed to take 500 mg of levofloxacin orally daily for 3 days.

After each procedure, the ultrasound probe was disinfected by wiping it with a 3.2% glutaraldehyde solution. A syringe was used to flush the steel needle guide first with soap, then with tap water, and, finally, with orthophthaldehyde (OPA), a high-level disinfectant. The needle guide was then soaked in the OPA for a minimum of 15 minutes and usually overnight. Before use, the needle guide was removed from the OPA and rinsed with tap water. A review of the manufacturer's written instructions revealed that the recommended reprocessing method for the needle guide called for first cleaning biologic material from the guide and then sterilizing the guide.

A total of 16 environmental samples were obtained from surfaces, supplies, equipment, and tap water in the clinic during August 5–10, 2005. One grew *P. aeruginosa*; this was a sample obtained from the narrow lumen of the needle guide after it was removed from OPA disinfectant. This specimen was obtained by scraping the needle guide lumen with a sterile needle and then using the needle to inoculate a sterile swab. All four patient isolates and the isolate obtained from the needle guide had similar antimicrobial susceptibility patterns and were resistant to gentamicin and levofloxacin, the agents used for perioperative prophylaxis. The needle-guide isolate and the three available patient isolates were indistinguishable by pulsed-field gel electrophoresis.

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Editorial Note: This report describes an investigation of *P. aeruginosa* infections that were likely related to contamination of TRUS prostate biopsy equipment that had not been adequately cleaned (i.e., by brushing) or properly sterilized and had been rinsed improperly with tap water after reprocessing. The association between the equipment and the infections was indicated by matching the strain of *P. aeruginosa* from the lumen of the reprocessed needle guide with those strains recovered from the three available patient isolates.

Although infectious complications of TRUS-guided prostate biopsies have been reported (*2*), contamination of the needle guide has not been previously implicated as the cause of infection. According to the Spaulding system for reprocessing medical devices (*3*), prostate biopsy needle guides are "critical devices" because the needles that pass through them penetrate sterile tissue. After adequate manual cleaning, critical devices must be sterilized before reuse. Steam sterilization is the preferred method for reprocessing heat-stable medical devices, including many prostate biopsy needle guides. The manufacturers of these guides provide recommendations for sterilization methods that are compatible with the specific devices, and users should review and follow these recommendations.

Manual cleaning to remove biologic material is a necessary first step in reprocessing any medical device; disinfection and sterilization protocols do not work effectively on visibly soiled surfaces. Because the lumens of needle guides and needle-guide support channels and assemblies are long and narrow, manual cleaning is difficult without the use of special equipment designed to clean the device. Manufacturers of reusable prostate needle guides recommend the use of special brushes to clean guides and support channels and assemblies. These brushes must be purchased separately from the needle guides, and a new brush should be used each time the guide is cleaned.

Another recent investigation demonstrates that the failure to properly clean the lumen of a prostate needle guide has not been limited to the cases described in this report. In April 2006, the Veterans Health Administration issued a Patient Safety Alert to all U.S. Department of Veterans Affairs (VA) hospitals stating that a routine environmental inspection at a urology clinic revealed that the lumen of a needle guide of a reusable, reprocessed, TRUS transducer assembly was soiled.* The ensuing investigation determined that brushes were not being used to clean the lumen of the needle guide. All VA hospitals were instructed to review procedures for reprocessing this equipment, and other VA facilities also reported that brushes were not being used. The VA alert has prompted reviews by non-VA health-care systems. In Tennessee, facilities contacted the state health department to report that brushes were not being used to reprocess prostate biopsy needle guides. In response, the Tennessee Department of Health disseminated recommendations from the Food and Drug Administration (FDA) on reprocessing TRUS equipment to hospitals, surgical centers, and urologists.

In the cases described in this report, the practice of rinsing the needle guide in tap water after reprocessing might have contributed to its contamination. *P. aeruginosa* is well known to colonize tap water and has the ability to form biofilms on medical devices that are difficult to remove. Because tap water is not sterile, it should never be used to rinse medical equipment after reprocessing.

In June 2006, in response to the recent reports of problems with reprocessing prostate biopsy needle guides, FDA issued a Public Health Notification. This notification contains a summary of the recommendations for the proper reprocessing of reusable prostate biopsy equipment.† Health-care providers and their staffs should adhere to both the FDA recommendations and the equipment manufacturer's cleaning instructions.

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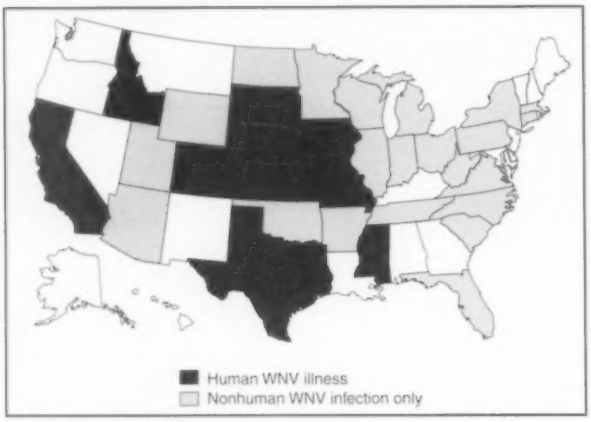
† Available at http://www.fda.gov/cdrh/safety/061906-ultrasoundtransducers.html.

West Nile Virus Activity — United States, January 1–July 18, 2006

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Daylight Time, July 18, 2006. A total of 10 states had reported 15 cases of human WNV illness to CDC (Figure, Table). Nine (60%) cases for which such data were available occurred in males; median age of patients was 50 years (range: 9–89 years). Date of illness onset ranged from January 6 to July 8; no deaths were reported.

A total of 11 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET during 2006. Of these, two each were reported from Colorado, Kentucky, and Nebraska and one each from Idaho, Iowa, Oklahoma, South Dakota, and Texas.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2006*



* As of July 18, 2006.

TABLE. Number of human cases of West Nile virus (WNV) illness, by state — United States, 2006*

State	Neuroinvasive disease†	West Nile fever§	Other clinical/ unspecified¶	Total reported to CDC**	Deaths
California	1	0	0	1	0
Colorado	1	0	0	1	0
Idaho	0	1	0	1	0
Iowa	0	1	0	1	0
Kansas	0	1	0	1	0
Mississippi	2	0	0	2	0
Missouri	1	0	0	1	0
Nebraska	1	1	0	2	0
South Dakota	1	2	0	3	0
Texas	2	0	0	2	0
Total	**9**	**6**	**0**	**15**	**0**

* As of July 18, 2006.
† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).
§ Cases with no evidence of neuroinvasion.
¶ Illnesses for which sufficient clinical information was not provided.
** Total number of human cases of WNV illness reported to ArboNet by state and local health departments.

In addition, 367 dead corvids and 51 other dead birds with WNV infection have been reported from 22 states during 2006. WNV infections have been reported in horses from seven states. WNV seroconversions have been reported in 33 sentinel chicken flocks from six states (Arkansas, California, Florida, Iowa, North Carolina, and North Dakota). A total of 525 WNV-positive mosquito pools have been reported from 23 states.

Additional information about national WNV activity is available from CDC at http://www.cdc.gov/ncidod/dvbid/westnile/index.htm and at http://westnilemaps.usgs.gov.

Notice to Readers

Clinical Vaccinology Course — November 3–5, 2006

CDC and four other national organizations are collaborating with the National Foundation for Infectious Diseases (NFID), Emory University School of Medicine, and Emory Vaccine Center to sponsor a Clinical Vaccinology Course to be held November 3–5, 2006, at the Crowne Plaza Atlanta-Buckhead in Atlanta, Georgia. The course will focus on new developments and concerns related to use of vaccines in pediatric, adolescent, and adult populations. Approximately 20 experts will present symposia on adult immunization, pediatric immunization, ensuring use of vaccines, vaccine safety and supply, the evolving adolescent immunization platform, and travel and international vaccines.

This course is specifically designed for primary-care physicians, family physicians, internal medicine specialists, pediatricians, public health specialists, nurse practitioners, physician assistants, clinical practice nurses, infectious disease specialists, and other health-care professionals involved with clinical aspects of vaccinology. The course also will be of interest to health-care professionals involved in prevention and control of infectious diseases, including federal, state, and local public health officials. Continuing education credits will be offered for physicians, nurses, and pharmacists, and prescribed credits for family physicians.

Information regarding the preliminary program, registration, and hotel accommodations is available at http://www.nfid.org/conferences/idcourse06, or by e-mail (idcourse@nfid.org), fax (301-907-0878), telephone (301-656-0003, ext. 19), and mail (NFID, Suite 750, 4733 Bethesda Avenue, Bethesda, MD 20814).

Notice to Readers

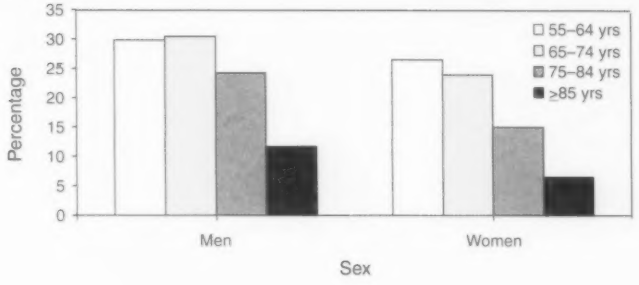
Satellite Broadcast: Mobilizing Against the HIV/AIDS Crisis Among African Americans

CDC and the Public Health Training Network will present the satellite broadcast and webcast, "Mobilizing Against the HIV/AIDS Crisis Among African Americans," on November 16, 2006, at 1 p.m. EST. The 2-hour broadcast will highlight relevant research and related programs in the United States; a panel will answer viewer questions, which can be sent via fax during the broadcast or by e-mail during and after the broadcast.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Older Adults Who Engaged in Regular Leisure-Time Physical Activity,* by Age Group and Sex — United States, 2000–2003†



* Defined as vigorous activity at least three times a week for ≥20 minutes or light-to-moderate activity at least five times a week for ≥30 minutes.

† Derived from the 2000–2003 National Health Interview Surveys. Estimates are based on household interviews of 39,990 civilian, noninstitutionalized adults aged ≥55 years.

During 2000–2003, men aged ≥55 years were more likely than women in the same age group to engage in regular leisure-time physical activity. For both men and women, prevalence of regular activity was nearly the same for adults aged 55–64 and 65–74 years, declined among those aged 75–84 years, and declined further among those aged ≥85 years. Among adults aged ≥85 years, approximately one in 10 men and one in 20 women engaged in regular leisure-time physical activity.

SOURCE: Schoenborn CA, Vickerie JL, Powell-Griner E. Health characteristics of adults 55 years and over: United States, 2000–2003. Advance data from vital and health statistics. No. 370. Hyattsville, MD: US Department of Health and Human Services, CDC, Naticnal Center for Health Statistics; 2006. Available at http://www.cdc.gov/nchs/data/ad/ad370.pdf.

Additional information will be available after August 10 at http://www.cdcnpin.org (see Satellite Broadcasts). Organizations are responsible for setting up their own viewing locations and are encouraged to register their locations as soon as possible after August 17 so that persons who would like to view the broadcast can access information online. Directions for establishing and registering a viewing location are available at http://www.cdcnpin.org. The broadcast will be available on the Internet for 3 years (Windows Media Player® required) at http://www.phppo.cdc.gov/phtn. Videotapes, DVDs, and video CD-ROMs of the broadcast can be ordered by telephone, 800-458-5231.

Erratum: Vol. 52, No. 54

In "Summary of Notifiable Diseases — United States, 2003," on page 78, in Table 12, "Deaths from selected notifiable diseases — United States, 1996–2001," in the first column, "Cause of death," "Hepatitis B, acute" should read, **Hepatitis B**.

Errata: Vol. 55, No. 27

In "QuickStats: Number of Emergency Department (ED) Visits with Diagnostic Imaging Performed — United States, 1995 and 2004," page 753, the title should read "Number of Emergency Department (ED) Visits with Diagnostic Imaging **Ordered or** Performed — United States, 1995 and 2004," and the y-axis should read, "Number (**in millions**)."

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending July 15, 2006 (28th Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years 2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	—	1	0	—	—	—	2	23	
Botulism:									
foodborne	—	3	1	19	16	20	28	39	
infant	—	35	2	90	87	76	69	97	
other (wound & unspecified)	1	28	0	33	30	33	21	19	CA (1)
Brucellosis	3	54	2	122	114	104	125	136	KS (1), GA (1), CA (1)
Chancroid	—	18	1	17	30	54	67	38	
Cholera	—	3	0	8	5	2	2	3	
Cyclosporiasis§	6	45	10	734	171	75	156	147	FL (6)
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§,¶:									
California serogroup	—	1	4	78	112	108	164	128	
eastern equine	—	—	0	21	6	14	10	9	
Powassan	—	—	0	1	1	—	1	N	
St. Louis	—	1	0	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	18	101	19	790	537	362	511	261	NY (9), MN (8), MO (1)
human monocytic	16	100	11	522	338	321	216	142	NY (10), MO (1), NC (1), AR (4)
human (other & unspecified)	1	27	3	122	59	44	23	6	VA (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	4	0	9	19	32	34	—	
nonserotype b	2	46	2	135	135	117	144	—	NC (1), FL (1)
unknown serotype	—	98	2	217	177	227	153	—	
Hansen disease§	1	32	2	88	105	95	96	79	TX (1)
Hantavirus pulmonary syndrome§	—	14	1	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	3	68	5	221	200	178	216	202	CT (1), NY (1), CA (1)
Hepatitis C viral, acute	7	417	31	771	713	1,102	1,835	3,976	NC (5), WA (1), CA (1)
HIV infection, pediatric (age <13 yrs)§,††	—	52	7	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	1	39	1	49	—	N	N	N	NC (1)
Listeriosis	9	259	18	892	753	696	665	613	NY (1), OH (1), MN (2), MD (1), VA (1), FL (1), WA (1), CA (1)
Measles	—***	22	2	66	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	1	127	4	297	—	—	—	—	NY (1)
serogroup B	1	85	3	157	—	—	—	—	TN (1)
other serogroup	2	14	0	27	—	—	—	—	NC (2)
Mumps	25	5,249	4	314	258	231	270	266	NY (2), MI (2), IA (3), SD (7), KS (10), VA (1)
Plague	—	4	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	9	0	19	12	12	18	25	
Q fever§	2	68	2	139	70	71	61	26	TN (1), CA (1)
Rabies, human	—	1	0	2	7	2	3	1	
Rubella	—	4	0	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	64	1	129	132	161	118	77	NC (1)
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	5	606	10	1,257	1,162	845	513	498	MA (1), NY (2), MN (1), KS (1)
Syphilis, congenital (age <1 yr)	1	112	8	361	353	413	412	441	VA (1)
Tetanus	—	10	0	27	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	2	51	2	96	95	133	109	127	VT (1), NC (1)
Trichinellosis	1	8	0	19	5	6	14	22	MN (1)
Tularemia§	4	33	4	154	134	129	90	129	ND (1), KS (1), AR (1), MT (1)
Typhoid fever	8	127	7	324	322	356	321	368	OH (1), FL (1), CA (6)
Vancomycin-intermediate *Staphylococcus aureus*§	—	2	—	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	3	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting years 2005 and 2006 are provisional, whereas data for 2001, 2002, 2003, and 2004 are finalized.

† Calculated by summing the incidence counts for the current week, the two weeks preceding the current week, and the two weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

§ Not notifiable in all states.

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNET Surveillance).

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, STD and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

¶¶ A total of 37 cases were reported for the 2005-06 flu season (October 2, 2005 [week 40]–May 20, 2006 [week 20]).

*** No measles cases were reported for the current week.

††† Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending July 15, 2006, and July 16, 2005 (28th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	11,186	18,728	35,170	486,249	513,069	75	126	1,643	3,765	2,131	31	63	860	1,263	1,237
New England	880	627	1,550	16,660	17,047	—	0	0	—	—	2	4	35	71	71
Connecticut	448	171	1,214	4,696	5,106	N	0	0	N	N	—	0	14	9	8
Maine§	—	41	74	1,021	1,130	N	0	0	N	N	—	0	3	12	12
Massachusetts	327	276	432	7,600	7,523	—	0	0	—	—	—	2	15	29	29
New Hampshire	40	35	64	991	970	—	0	0	—	—	1	1	3	12	9
Rhode Island	43	66	99	1,777	1,796	—	0	0	—	—	1	0	6	4	2
Vermont§	22	18	43	575	522	N	0	0	N	N	—	0	5	5	11
Mid. Atlantic	1,541	2,342	3,696	61,491	62,624	—	0	0	—	—	4	10	597	188	165
New Jersey	131	373	499	9,331	10,421	N	0	0	N	N	—	0	8	6	11
New York (Upstate)	432	497	1,727	12,322	12,348	N	0	0	N	N	1	3	561	54	43
New York City	312	689	1,611	19,405	20,285	N	0	0	N	N	—	2	15	31	44
Pennsylvania	666	717	1,073	20,433	19,570	N	0	0	N	N	3	4	21	97	67
E.N. Central	706	3,125	12,578	76,558	85,560	—	0	3	24	5	7	14	162	275	271
Illinois	—	943	1,536	24,409	26,526	—	0	0	—	—	—	2	16	31	37
Indiana	163	393	552	8,929	10,693	N	0	0	N	N	2	1	13	29	17
Michigan	492	560	9,888	16,839	13,962	—	0	3	20	5	2	2	7	49	37
Ohio	51	774	1,445	16,866	23,571	—	0	1	4	—	3	5	109	106	79
Wisconsin	—	399	531	9,515	10,808	N	0	0	N	N	—	4	38	60	101
W.N. Central	611	1,135	1,448	29,933	31,350	—	0	12	—	3	6	10	52	220	200
Iowa	—	150	225	4,098	3,713	N	0	0	N	N	2	1	11	26	55
Kansas	251	153	269	4,281	3,882	N	0	0	N	N	—	1	5	27	15
Minnesota	—	233	315	5,734	6,569	—	0	12	—	3	1	3	22	82	46
Missouri	213	429	525	10,860	12,136	—	0	1	—	—	3	2	37	42	65
Nebraska§	89	95	176	2,676	2,761	N	0	1	N	N	—	1	4	15	6
North Dakota	5	35	64	904	841	N	0	0	N	N	—	0	4	5	—
South Dakota	53	52	117	1,380	1,448	N	0	0	N	N	—	0	4	23	13
S. Atlantic	2,550	3,334	4,913	92,531	95,221	—	0	1	2	—	6	14	54	308	233
Delaware	59	68	92	1,893	1,729	N	0	0	N	N	—	0	2	1	—
District of Columbia	20	59	102	1,360	2,045	—	0	0	—	—	—	0	3	8	2
Florida	716	898	1,089	25,066	23,351	N	0	0	N	N	4	6	28	132	106
Georgia	26	611	2,142	13,629	16,423	—	0	0	—	—	—	3	9	84	55
Maryland§	359	355	519	9,439	9,648	—	0	1	2	—	—	0	4	10	11
North Carolina	425	569	1,772	17,639	17,485	N	0	0	N	N	1	1	10	37	26
South Carolina§	368	276	1,306	9,131	10,550	N	0	0	N	N	—	0	4	16	10
Virginia§	533	427	840	12,561	12,605	N	0	0	N	N	1	1	8	18	19
West Virginia	44	56	226	1,813	1,385	N	0	0	N	N	—	0	3	2	4
E.S. Central	1,263	1,391	1,940	38,604	37,519	—	0	0	—	—	3	3	29	55	34
Alabama§	—	362	754	10,433	7,821	N	0	0	N	N	2	0	5	26	12
Kentucky	227	155	402	5,180	5,236	N	0	0	N	N	1	1	25	13	13
Mississippi	501	374	609	9,756	12,091	—	0	0	—	—	—	0	1	4	—
Tennessee§	535	489	614	13,235	12,371	N	0	0	N	N	—	1	4	12	9
W.S. Central	1,278	2,153	3,605	57,277	60,666	—	0	1	—	—	2	3	30	64	38
Arkansas	231	158	340	3,951	4,702	—	0	0	—	—	—	0	2	8	2
Louisiana	157	281	761	8,561	10,431	—	0	1	—	N	—	0	21	—	3
Oklahoma	151	234	2,159	6,226	5,725	N	0	0	N	N	2	1	10	20	16
Texas§	739	1,394	1,800	38,539	39,808	N	0	0	N	N	—	2	19	36	17
Mountain	586	1,077	1,839	25,628	33,969	2	92	452	2,421	1,341	1	2	9	49	67
Arizona	463	365	642	9,619	11,981	—	91	448	2,359	1,284	—	0	1	4	6
Colorado	—	204	482	2,970	7,838	N	0	0	N	N	—	1	3	16	22
Idaho§	6	52	168	1,744	1,346	N	0	0	N	N	—	0	2	5	5
Montana	108	40	195	1,271	1,230	N	0	0	N	N	—	0	2	8	12
Nevada§	9	87	432	2,055	3,915	—	1	4	21	37	—	0	1	3	8
New Mexico§	—	174	338	4,987	4,724	—	0	2	5	12	—	0	3	3	8
Utah	—	89	136	2,231	2,338	2	1	3	34	6	—	0	3	6	4
Wyoming	—	26	55	751	597	—	0	2	2	2	1	0	3	4	2
Pacific	1,771	3,276	5,079	87,567	89,113	73	34	1,179	1,318	782	—	3	52	33	158
Alaska	51	85	152	2,249	2,172	—	0	0	—	—	—	0	2	2	—
California	1,393	2,538	4,231	68,325	68,940	73	34	1,179	1,318	782	—	0	14	—	110
Hawaii	—	107	135	2,672	2,900	N	0	0	N	N	—	0	1	—	—
Oregon§	—	177	315	4,594	4,750	N	0	0	N	N	—	1	20	31	26
Washington	327	356	604	9,727	10,351	N	0	0	N	N	—	0	38	—	22
American Samoa	U	0	46	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	18	37	—	410	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	76	162	1,877	2,334	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	2	12	83	173	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 15, 2006, and July 16, 2005 (28th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	271	319	1,029	7,378	8,699	3,875	6,470	14,136	164,124	171,888	33	37	142	1,070	1,371
New England	33	25	75	564	780	150	101	288	2,846	3,235	2	2	19	79	98
Connecticut	21	0	37	140	176	91	42	241	1,096	1,378	2	0	9	23	29
Maine†	—	3	11	48	95	—	2	6	58	71	—	0	2	8	7
Massachusetts	4	11	34	249	333	50	46	75	1,293	1,403	—	1	4	36	46
New Hampshire	—	0	3	10	40	6	4	9	120	86	—	0	1	2	5
Rhode Island	3	0	25	45	55	—	8	19	250	268	—	0	7	2	7
Vermont†	5	3	9	72	81	3	1	4	29	29	—	0	2	8	4
Mid. Atlantic	34	60	254	1,277	1,599	457	647	1,014	15,852	17,345	7	7	30	203	256
New Jersey	—	7	18	97	214	25	107	150	2,594	2,953	—	2	4	26	46
New York (Upstate)	24	23	227	543	539	167	125	455	3,240	3,413	6	2	27	75	77
New York City	—	15	32	311	451	62	173	402	4,336	5,234	—	1	4	16	45
Pennsylvania	10	15	29	326	395	203	212	391	5,682	5,745	1	3	8	86	88
E.N. Central	13	51	110	1,084	1,507	208	1,281	7,047	30,521	33,646	—	5	14	146	239
Illinois	—	11	32	195	380	—	377	567	9,139	10,350	—	1	6	32	76
Indiana	N	0	0	N	N	54	155	228	3,691	4,265	—	1	7	37	42
Michigan	3	14	29	316	365	144	235	5,880	6,819	5,285	—	0	3	14	13
Ohio	10	16	34	360	326	10	391	681	7,759	10,807	—	1	6	48	81
Wisconsin	—	12	40	213	436	—	123	172	3,113	2,939	—	0	4	15	27
W.N. Central	70	35	260	924	988	189	359	461	9,167	9,801	5	2	15	68	63
Iowa	1	5	14	117	127	—	32	54	823	810	—	0	0	—	—
Kansas	4	3	9	83	96	75	47	124	1,192	1,350	—	0	3	12	6
Minnesota	59	4	238	403	451	5	63	101	1,417	1,839	5	0	9	32	25
Missouri	6	10	32	241	201	82	180	240	4,818	4,901	—	0	7	18	22
Nebraska†	—	2	6	43	60	18	21	56	657	653	—	0	2	5	9
North Dakota	—	0	7	5	4	—	3	8	61	47	—	0	3	1	1
South Dakota	—	1	7	32	49	9	6	13	199	201	—	0	0	—	—
S. Atlantic	61	50	95	1,136	1,306	1,165	1,471	2,334	39,538	40,715	15	9	24	298	331
Delaware	—	1	3	15	30	34	25	44	789	420	—	0	1	1	—
District of Columbia	—	1	5	36	22	17	36	66	836	1,073	—	0	1	2	4
Florida	37	18	39	496	452	356	418	531	11,801	10,304	3	3	9	99	81
Georgia	6	12	26	211	359	13	291	1,014	6,081	7,404	—	2	6	48	73
Maryland†	3	4	10	89	92	109	129	231	3,589	3,556	1	1	5	36	44
North Carolina	N	0	0	N	N	317	279	766	8,554	8,563	8	0	9	37	56
South Carolina†	—	1	7	54	70	195	125	748	4,050	4,666	1	1	3	23	21
Virginia†	15	9	50	223	265	116	139	288	3,384	4,362	2	1	8	41	33
West Virginia	—	0	6	12	16	8	16	42	454	367	—	0	4	11	19
E.S. Central	1	8	18	193	187	499	547	724	15,295	14,351	—	2	6	63	76
Alabama†	1	4	14	95	83	—	179	327	4,796	4,501	—	0	4	17	15
Kentucky	N	0	0	N	N	82	55	132	1,783	1,690	—	0	1	2	9
Mississippi	—	0	0	—	—	222	139	203	3,692	3,730	—	0	1	3	—
Tennessee†	—	4	12	98	104	195	182	279	5,024	4,430	—	1	4	41	52
W.S. Central	7	4	31	95	124	574	890	1,430	24,242	24,172	2	1	15	39	82
Arkansas	5	2	6	42	40	117	80	186	2,158	2,433	1	0	2	5	7
Louisiana	—	0	5	—	23	111	171	461	5,096	5,541	—	0	2	—	31
Oklahoma	2	2	24	53	61	69	86	764	2,272	2,344	1	1	14	34	41
Texas†	N	0	0	N	N	277	531	733	14,716	13,854	—	0	1	—	3
Mountain	12	30	57	630	637	156	220	552	5,441	7,220	1	3	8	111	150
Arizona	—	2	36	33	74	137	90	201	2,288	2,652	—	1	7	42	78
Colorado	—	9	33	220	221	—	52	90	879	1,671	—	1	4	34	31
Idaho†	3	3	11	79	64	—	3	10	99	55	—	0	1	3	3
Montana	1	2	7	34	21	16	2	14	94	73	—	0	0	—	—
Nevada†	—	2	6	29	45	3	32	194	693	1,533	—	0	1	—	13
New Mexico†	—	1	6	23	36	—	30	64	901	841	—	0	4	17	16
Utah	8	7	19	202	163	—	16	23	419	360	1	0	4	14	5
Wyoming	—	0	3	10	13	—	2	6	68	35	—	0	2	1	4
Pacific	40	61	202	1,475	1,571	477	806	961	21,222	21,403	1	2	20	63	76
Alaska	1	1	7	23	46	9	11	23	291	308	1	0	19	6	5
California	32	43	105	1,079	1,186	356	670	830	17,431	17,798	—	0	9	15	30
Hawaii	1	1	3	30	36	—	19	36	484	532	—	0	1	9	7
Oregon†	—	8	21	180	173	—	28	58	693	840	—	0	6	31	34
Washington	6	8	90	163	130	112	74	142	2,323	1,925	—	0	4	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	3	—	3	—	1	15	—	58	—	0	2	—	2
Puerto Rico	—	3	20	20	96	—	5	16	127	219	—	0	1	—	2
U.S. Virgin Islands	—	0	0	—	—	—	0	5	17	43	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 15, 2006, and July 16, 2005 (28th Week)*

Reporting area	Hepatitis (viral, acute), by type										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	29	75	245	1,721	2,015	64	86	597	2,035	2,795	76	41	127	818	749
New England	2	5	22	99	230	—	2	9	36	79	9	2	12	44	37
Connecticut	2	1	3	21	29	—	0	3	—	28	3	0	8	16	7
Maine†	—	0	2	4	1	—	0	2	11	6	—	0	1	3	3
Massachusetts	—	3	14	47	137	—	1	5	14	25	—	1	6	15	19
New Hampshire	—	1	7	15	54	—	0	3	7	17	—	0	1	1	4
Rhode Island	—	0	4	5	5	—	0	2	4	1	6	0	10	7	3
Vermont†	—	0	2	7	4	—	0	1	—	2	—	0	3	2	1
Mid. Atlantic	3	9	24	150	332	6	9	55	189	363	31	14	53	233	230
New Jersey	—	2	9	30	61	—	3	10	47	132	—	1	13	8	50
New York (Upstate)	3	1	14	45	52	5	1	43	35	31	21	5	29	107	52
New York City	—	2	10	45	167	—	1	5	26	75	—	1	20	17	35
Pennsylvania	—	1	6	30	52	1	3	9	81	125	10	5	17	101	93
E.N. Central	—	7	15	147	181	1	8	24	172	311	15	9	25	169	140
Illinois	—	1	11	24	54	—	1	6	7	90	—	1	5	14	20
Indiana	—	0	5	17	11	—	0	17	23	15	1	0	6	11	10
Michigan	—	2	8	55	61	—	3	7	71	102	1	2	6	38	36
Ohio	—	1	4	39	30	1	2	8	66	79	13	4	19	87	60
Wisconsin	—	1	5	12	25	—	0	6	5	25	—	0	5	19	14
W.N. Central	—	2	30	76	51	7	4	22	89	144	2	1	12	22	26
Iowa	—	0	2	4	13	—	0	3	9	14	—	0	1	1	3
Kansas	—	0	5	21	10	—	0	2	6	19	—	0	1	1	2
Minnesota	—	0	29	6	3	4	0	13	10	14	—	0	10	—	1
Missouri	—	1	4	29	22	3	3	7	58	77	2	0	3	13	11
Nebraska†	—	0	3	9	3	—	0	1	6	17	—	0	2	3	2
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	7	—	—	0	1	—	3	—	0	6	4	6
S. Atlantic	13	11	34	255	316	30	23	66	615	802	13	9	19	188	175
Delaware	—	0	2	9	4	—	1	4	19	18	—	0	2	3	10
District of Columbia	—	0	2	2	2	—	0	2	4	5	2	0	2	8	2
Florida	5	5	18	93	105	13	8	19	230	274	4	3	8	79	52
Georgia	1	1	6	29	67	5	3	8	89	126	1	0	4	9	14
Maryland†	—	1	6	30	29	2	2	9	83	90	1	1	6	34	46
North Carolina	5	0	20	51	41	1	0	23	91	92	1	0	5	20	14
South Carolina†	—	1	3	10	17	4	2	7	41	91	—	0	1	2	9
Virginia†	2	1	11	27	48	—	1	18	20	84	4	1	7	29	23
West Virginia	—	0	3	4	3	5	0	18	38	22	—	0	3	4	5
E.S. Central	—	3	15	58	132	4	6	18	176	202	1	2	9	42	39
Alabama†	—	0	9	7	14	2	1	7	63	49	—	0	1	7	9
Kentucky	—	0	5	23	11	1	1	5	39	40	1	0	4	11	10
Mississippi	—	0	2	3	13	—	0	3	5	33	—	0	1	1	2
Tennessee†	—	1	7	25	94	1	2	12	69	80	—	1	7	23	18
W.S. Central	—	7	77	103	214	2	14	315	317	280	2	1	32	20	15
Arkansas	—	0	9	29	8	—	1	4	21	38	1	0	3	1	4
Louisiana	—	0	4	—	36	—	0	3	—	46	—	0	1	—	—
Oklahoma	—	0	2	4	3	—	0	17	13	27	—	0	3	1	2
Texas†	—	5	73	70	167	2	12	295	283	169	1	0	26	18	9
Mountain	2	6	18	127	162	5	6	39	146	282	1	1	7	45	55
Arizona	—	2	16	64	82	—	4	27	86	173	—	0	3	14	12
Colorado	—	1	4	24	19	—	1	5	20	33	—	0	1	3	15
Idaho†	1	0	2	8	18	—	0	2	6	6	—	0	2	7	3
Montana	1	0	2	6	7	—	0	7	—	3	—	0	1	3	4
Nevada†	—	0	2	6	9	—	1	4	13	30	—	0	2	3	10
New Mexico†	—	0	3	10	13	—	0	3	2	12	—	0	1	1	2
Utah	—	0	2	8	13	5	0	4	19	24	1	0	2	13	6
Wyoming	—	0	1	1	1	—	0	1	—	1	—	0	1	1	3
Pacific	9	19	163	706	397	9	10	61	295	332	2	2	9	55	32
Alaska	—	0	1	—	3	—	0	1	2	7	—	0	1	—	—
California	8	15	162	645	331	5	7	41	232	225	2	2	9	55	31
Hawaii	—	0	2	8	15	—	0	1	4	2	—	0	1	—	1
Oregon†	—	0	5	26	24	—	1	6	32	58	N	0	0	N	N
Washington	1	1	13	27	24	4	0	18	25	40	—	0	0	—	—
American Samoa	U	0	0	U	1	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	2	—	0	2	—	16	—	0	0	—	—
Puerto Rico	—	0	3	9	44	—	1	8	17	23	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 15, 2006, and July 16, 2005 (28th Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	358	236	2,153	4,652	8,408	11	24	125	552	658
New England	114	37	780	704	1,461	—	1	12	38	29
Connecticut	96	8	753	540	129	—	0	10	10	—
Maine†	—	2	26	39	94	—	0	1	3	2
Massachusetts	—	3	205	26	1,163	—	0	3	17	20
New Hampshire	18	5	21	84	62	—	0	3	7	4
Rhode Island	—	0	12	—	3	—	0	8	—	2
Vermont†	—	1	5	15	10	—	0	1	1	1
Mid. Atlantic	184	151	1,176	2,824	4,706	2	5	15	84	179
New Jersey	4	23	271	588	2,067	—	1	7	13	42
New York (Upstate)	148	76	1,150	1,314	821	1	1	11	18	24
New York City	—	1	33	1	190	—	2	8	37	93
Pennsylvania	32	36	376	921	1,628	1	1	2	16	20
E.N. Central	2	11	152	245	1,015	1	2	8	49	76
Illinois	—	0	13	—	75	—	1	5	12	40
Indiana	—	0	4	6	11	—	0	3	6	3
Michigan	2	1	7	19	9	—	0	2	8	15
Ohio	—	1	5	17	24	1	0	3	18	13
Wisconsin	—	9	139	203	896	—	0	3	5	5
W.N. Central	28	11	98	158	176	3	0	32	27	28
Iowa	—	1	8	28	48	—	0	1	1	4
Kansas	—	0	2	3	2	2	0	1	3	2
Minnesota	28	6	96	111	120	—	0	30	14	11
Missouri	—	0	3	8	6	1	0	2	4	11
Nebraska†	—	0	2	7	—	—	0	2	3	—
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	—	—	0	1	1	—
S. Atlantic	22	28	124	579	937	3	7	16	167	136
Delaware	3	9	37	235	357	—	0	1	5	2
District of Columbia	2	0	2	11	4	—	0	2	2	3
Florida	—	1	5	14	12	1	1	6	27	22
Georgia	—	0	1	—	3	—	1	6	50	31
Maryland†	11	13	87	239	457	1	1	9	36	48
North Carolina	—	0	5	15	26	—	0	8	13	15
South Carolina†	—	0	3	5	8	—	0	2	4	3
Virginia†	6	3	22	57	67	1	1	9	29	11
West Virginia	—	0	44	3	3	—	0	2	1	1
E.S. Central	1	0	4	4	15	—	0	3	12	12
Alabama†	1	0	1	1	—	—	0	2	7	3
Kentucky	—	0	2	—	2	—	0	2	1	4
Mississippi	—	0	0	—	—	—	0	1	2	—
Tennessee†	—	0	4	3	13	—	0	2	2	5
W.S. Central	—	0	5	3	47	—	2	31	33	50
Arkansas	—	0	1	—	3	—	0	2	1	3
Louisiana	—	0	0	—	3	—	0	1	—	2
Oklahoma	—	0	0	—	—	—	0	6	3	3
Texas†	—	0	5	3	41	—	1	29	29	42
Mountain	1	0	4	7	7	—	1	9	23	31
Arizona	—	0	4	2	—	—	0	9	4	5
Colorado	—	0	1	1	—	—	0	2	9	17
Idaho†	—	0	1	—	1	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	1	—	2	—	0	1	1	2
New Mexico†	—	0	1	—	1	—	0	1	1	2
Utah	1	0	1	4	1	—	0	2	7	4
Wyoming	—	0	1	—	2	—	0	1	—	1
Pacific	6	3	14	128	44	2	4	13	119	117
Alaska	1	0	1	1	2	—	0	4	14	3
California	5	3	14	126	27	1	3	10	82	88
Hawaii	N	0	0	N	N	—	0	1	1	11
Oregon†	—	0	2	1	13	—	0	2	7	4
Washington	—	0	3	—	2	1	0	5	15	11
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	2
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 15, 2006, and July 16, 2005 (28th Week)*

Reporting area	Meningococcal disease, invasive: All serogroups: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Meningococcal disease, invasive: Serogroup unknown: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Pertussis: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005
United States	12	20	85	662	781	8	13	58	436	475	114	284	2,877	6,223	11,215
New England	—	1	3	29	50	—	0	2	21	19	1	30	83	636	661
Connecticut	—	0	2	8	10	—	0	2	2	1	—	1	5	22	37
Maine†	—	0	1	3	2	—	0	1	3	2	—	1	5	23	16
Massachusetts	—	0	2	12	23	—	0	2	12	5	—	23	43	437	498
New Hampshire	—	0	2	4	9	—	0	2	4	9	—	2	36	77	32
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	12
Vermont†	—	0	1	2	4	—	0	0	—	2	1	1	14	77	66
Mid. Atlantic	2	3	13	97	96	1	2	11	72	74	32	30	137	875	735
New Jersey	—	0	2	10	24	—	0	2	10	24	—	4	13	127	103
New York (Upstate)	2	0	7	26	27	1	0	5	5	10	25	12	123	341	277
New York City	—	0	5	27	14	—	0	5	27	14	—	2	6	28	45
Pennsylvania	—	1	5	34	31	—	1	5	30	26	7	11	26	379	310
E.N. Central	—	3	11	74	97	—	2	6	52	82	12	49	133	833	2,089
Illinois	—	0	4	17	23	—	0	4	17	23	—	9	35	99	484
Indiana	—	0	5	14	13	—	0	2	5	6	—	4	75	118	161
Michigan	—	1	3	16	16	—	0	3	9	10	1	6	23	203	123
Ohio	—	1	5	27	28	—	0	4	21	26	11	16	30	317	711
Wisconsin	—	0	2	—	17	—	0	2	—	17	—	9	41	96	610
W.N. Central	1	1	4	39	48	1	0	3	14	20	6	55	552	679	1,508
Iowa	—	0	2	9	12	—	0	1	3	1	—	12	63	152	397
Kansas	—	0	1	1	8	—	0	1	1	8	4	11	28	176	139
Minnesota	—	0	2	10	7	—	0	1	3	2	2	0	485	105	374
Missouri	1	0	2	12	15	1	0	1	3	6	—	9	42	175	238
Nebraska†	—	0	2	5	4	—	0	1	3	3	—	4	15	58	160
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	26	4	76
South Dakota	—	0	1	1	2	—	0	0	—	—	—	1	8	9	124
S. Atlantic	4	3	14	117	145	2	1	7	49	58	15	23	92	517	760
Delaware	—	0	1	4	2	—	0	1	4	2	—	0	1	3	14
District of Columbia	—	0	1	—	4	—	0	1	—	3	—	0	3	3	4
Florida	—	1	6	45	55	—	1	5	18	17	8	4	14	119	95
Georgia	—	0	3	9	14	—	0	3	9	14	—	0	3	8	30
Maryland†	—	0	2	7	14	—	0	1	2	1	—	3	9	72	124
North Carolina	2	0	11	22	21	—	0	3	5	4	4	0	21	105	61
South Carolina†	1	0	2	13	12	1	0	1	5	8	3	4	22	78	235
Virginia†	1	0	4	14	18	1	0	3	6	7	—	2	73	109	165
West Virginia	—	0	2	3	5	—	0	0	—	2	—	0	9	20	32
E.S. Central	1	1	4	26	37	—	1	4	21	28	10	7	22	151	312
Alabama†	—	0	1	4	4	—	0	1	4	3	1	1	7	38	44
Kentucky	—	0	2	7	14	—	0	2	7	14	—	1	7	22	86
Mississippi	—	0	1	1	4	—	0	1	1	4	—	0	4	15	38
Tennessee†	1	0	2	14	15	—	0	2	9	7	9	2	10	76	144
W.S. Central	—	1	23	35	81	—	0	6	12	19	1	22	360	302	1,165
Arkansas	—	0	3	6	10	—	0	2	4	2	1	2	21	40	175
Louisiana	—	0	1	—	25	—	0	1	—	4	—	0	3	—	33
Oklahoma	—	0	4	8	13	—	0	0	—	2	—	0	124	10	—
Texas†	—	1	16	21	33	—	0	4	8	11	—	21	215	252	957
Mountain	—	1	4	39	62	—	0	4	17	16	28	65	230	1,599	2,331
Arizona	—	0	4	11	29	—	0	4	11	9	—	12	177	266	626
Colorado	—	0	2	14	13	—	0	1	2	—	—	23	40	524	759
Idaho†	—	0	2	1	3	—	0	2	1	3	—	2	13	46	108
Montana	—	0	1	3	—	—	0	1	1	—	6	3	19	75	438
Nevada†	—	0	2	2	6	—	0	1	—	1	—	0	9	35	35
New Mexico†	—	0	1	2	3	—	0	1	—	2	—	2	6	40	125
Utah	—	0	1	4	8	—	0	1	—	1	20	16	39	569	217
Wyoming	—	0	2	2	—	—	0	2	2	—	2	1	8	44	23
Pacific	4	5	29	206	165	4	5	25	178	159	9	52	1,334	631	1,654
Alaska	—	0	1	1	1	—	0	1	1	1	—	2	15	36	23
California	3	3	14	130	107	3	3	14	130	107	—	24	1,136	269	649
Hawaii	—	0	1	4	9	—	0	1	4	4	—	2	10	38	101
Oregon†	—	1	7	46	29	—	1	4	32	29	—	3	16	75	506
Washington	1	0	25	25	19	1	0	11	11	18	9	10	195	213	375
American Samoa	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	1	—	—	—	0	1	—	—	—	0	0	—	2
Puerto Rico	—	0	1	4	6	—	0	1	4	6	—	0	1	—	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 15, 2006, and July 16, 2005 (28th Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	80	104	154	2,860	3,271	37	35	246	722	604	696	706	2,291	15,972	18,412
New England	5	12	26	305	395	—	0	2	2	3	18	33	196	858	1,070
Connecticut	1	3	13	80	86	—	0	0	—	—	—	0	188	188	212
Maine†	—	1	5	40	35	N	0	0	N	N	—	2	7	41	98
Massachusetts	4	4	17	140	219	—	0	2	1	2	13	19	40	513	581
New Hampshire	—	0	3	9	9	—	0	1	1	—	4	2	10	58	85
Rhode Island	—	0	4	1	11	—	0	2	—	1	—	0	17	40	44
Vermont†	—	1	7	35	35	—	0	0	—	—	1	1	10	18	50
Mid. Atlantic	15	18	46	536	479	—	1	7	19	41	65	76	272	1,821	2,293
New Jersey	N	0	0	N	N	—	0	3	1	11	—	13	41	308	446
New York (Upstate)	15	11	24	262	249	—	0	1	1	1	43	22	233	485	533
New York City	—	0	3	1	16	—	0	1	4	5	—	19	44	386	554
Pennsylvania	—	8	35	273	214	—	1	5	13	24	22	27	61	642	760
E.N. Central	4	2	12	54	105	—	0	7	19	21	50	94	219	2,154	2,743
Illinois	—	0	4	10	18	—	0	4	1	7	—	25	53	493	1,005
Indiana	1	0	3	5	4	—	0	1	3	—	27	12	69	299	265
Michigan	—	1	5	24	13	—	0	1	—	2	2	16	35	424	461
Ohio	3	0	6	15	70	—	0	6	14	10	21	23	50	583	589
Wisconsin	N	0	0	N	N	—	0	1	1	2	—	15	44	355	423
W.N. Central	9	5	20	153	191	1	2	12	87	78	67	44	98	1,180	1,199
Iowa	2	0	5	25	—	—	0	2	1	1	1	7	18	177	198
Kansas	1	1	5	43	53	—	0	1	1	4	8	7	17	164	174
Minnesota	2	1	6	25	40	—	0	1	1	—	34	10	60	330	279
Missouri	4	1	6	26	35	1	2	12	78	69	21	15	40	360	350
Nebraska†	—	0	0	—	—	—	0	2	6	—	—	4	12	91	99
North Dakota	—	0	7	13	13	—	0	1	—	—	3	0	46	7	15
South Dakota	—	1	4	21	50	—	0	1	—	4	—	2	8	51	84
S. Atlantic	31	36	117	1,045	1,239	32	18	94	467	310	319	200	514	4,193	4,718
Delaware	—	0	0	—	—	—	0	1	6	4	1	2	9	49	52
District of Columbia	—	0	0	—	—	—	0	1	—	1	2	1	7	32	20
Florida	—	0	98	98	201	—	0	3	12	9	139	95	230	1,865	1,733
Georgia	—	4	9	98	158	1	0	4	11	59	29	25	87	563	724
Maryland†	—	7	14	154	189	1	1	6	19	34	21	12	39	263	347
North Carolina	18	8	20	229	284	27	12	87	384	157	58	28	114	632	626
South Carolina†	5	3	11	79	114	—	1	6	8	26	24	19	73	354	711
Virginia†	8	10	27	333	271	3	2	10	26	17	45	20	66	391	434
West Virginia	—	1	13	54	22	—	0	2	1	3	—	2	19	44	71
E.S. Central	5	4	16	138	79	1	5	24	82	102	13	49	115	954	1,138
Alabama†	1	1	7	47	45	—	1	9	21	25	5	14	41	362	288
Kentucky	—	0	5	7	7	—	0	1	—	—	4	8	27	180	174
Mississippi	—	0	2	4	—	—	0	3	—	4	—	9	62	123	300
Tennessee†	4	2	9	80	27	1	3	18	61	73	4	14	41	289	376
W.S. Central	8	14	34	461	555	3	1	161	30	26	25	79	922	1,281	1,719
Arkansas	—	0	3	19	21	3	0	32	21	14	10	14	43	375	317
Louisiana	—	0	0	—	—	—	0	1	—	5	—	0	43	—	401
Oklahoma	7	1	9	44	56	—	0	154	6	5	15	7	48	185	179
Texas†	1	12	29	398	478	—	0	8	3	2	—	45	839	721	822
Mountain	—	3	16	70	140	—	0	6	13	21	12	46	110	1,023	1,077
Arizona	—	2	11	58	103	—	0	6	2	12	—	12	67	197	303
Colorado	—	0	2	—	13	—	0	1	—	2	—	12	45	342	245
Idaho†	—	0	12	—	—	—	0	2	1	1	3	2	9	79	87
Montana	—	0	3	7	3	—	0	2	2	1	5	2	16	75	47
Nevada†	—	0	2	—	5	—	0	0	—	—	—	3	17	65	99
New Mexico†	—	0	1	—	4	—	0	1	3	3	—	4	13	81	121
Utah	—	0	5	3	—	—	0	2	3	—	4	5	30	151	141
Wyoming	—	0	2	2	12	—	0	1	2	2	—	1	12	33	34
Pacific	3	4	15	98	88	—	0	1	3	2	127	108	426	2,508	2,455
Alaska	—	0	4	13	1	—	0	0	—	—	1	1	7	41	24
California	3	3	15	83	85	—	0	1	3	—	111	86	292	1,925	1,844
Hawaii	—	0	0	—	—	—	0	0	—	—	1	5	15	115	146
Oregon†	—	0	1	2	2	—	0	0	—	2	—	7	25	195	214
Washington	U	0	0	U	U	N	0	0	N	N	14	9	124	232	227
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	2	U	1
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	3	—	26
Puerto Rico	1	2	6	57	42	N	0	0	N	N	—	7	35	81	288
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 15, 2006, and July 16, 2005 (28th Week)*

Reporting area	Shiga toxin-producing *E. coli* (STEC)†					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	56	51	297	835	1,098	126	211	1,013	4,678	6,612	42	85	283	2,932	2,875
New England	—	3	23	67	98	3	4	31	126	134	3	5	15	137	175
Connecticut	—	0	22	22	26	—	0	25	25	24	U	0	3	U	69
Maine§	—	0	5	—	16	—	0	3	2	6	—	0	2	10	9
Massachusetts	—	1	7	34	36	3	4	11	86	85	1	3	6	84	72
New Hampshire	—	0	2	7	9	—	0	4	5	4	2	0	9	30	9
Rhode Island	—	0	2	2	2	—	0	6	5	9	—	0	3	4	7
Vermont§	—	0	2	2	9	—	0	4	3	6	—	0	2	9	9
Mid. Atlantic	7	5	107	60	130	7	16	72	337	639	7	14	43	547	618
New Jersey	—	1	7	3	30	—	4	15	97	186	—	2	6	68	127
New York (Upstate)	—	1	103	19	52	5	4	60	115	148	5	4	32	210	180
New York City	—	0	3	9	7	—	4	14	81	253	—	2	10	65	122
Pennsylvania	—	0	8	—	41	2	2	48	44	52	2	5	13	204	189
E.N. Central	7	10	38	176	214	3	20	96	440	477	4	16	42	550	617
Illinois	—	1	10	20	58	—	7	26	123	122	—	4	10	111	207
Indiana	2	1	6	27	26	—	2	56	73	44	2	1	11	80	59
Michigan	1	1	8	31	40	1	3	10	92	136	1	3	11	148	153
Ohio	4	3	14	62	48	2	3	11	90	45	1	4	19	175	131
Wisconsin	—	2	15	36	42	—	3	10	62	130	—	1	4	36	67
W.N. Central	8	7	35	141	161	22	42	78	712	615	1	5	57	222	178
Iowa	2	1	10	53	37	2	1	7	36	45	N	0	0	N	N
Kansas	—	0	4	—	17	6	4	20	62	53	1	1	5	42	29
Minnesota	5	3	19	71	26	7	2	8	51	34	—	0	52	106	64
Missouri	5	2	9	77	45	7	20	70	456	422	—	1	5	42	46
Nebraska§	1	1	5	19	23	—	2	11	39	41	—	0	4	19	17
North Dakota	—	0	15	—	1	—	0	2	4	2	—	0	5	7	6
South Dakota	—	0	5	14	12	—	2	17	64	18	—	0	3	6	16
S. Atlantic	19	7	39	153	157	55	51	122	1,274	980	20	21	41	687	550
Delaware	—	0	2	1	2	—	0	2	2	8	—	0	2	7	1
District of Columbia	—	0	1	—	—	—	0	2	6	8	—	0	2	9	7
Florida	5	1	29	47	60	31	25	66	612	479	8	5	12	158	145
Georgia	—	1	6	28	18	17	14	38	429	246	4	4	12	134	112
Maryland§	4	1	5	17	24	1	2	8	39	36	4	3	12	123	110
North Carolina	4	1	11	39	19	3	1	22	95	95	1	0	26	106	81
South Carolina§	—	0	2	4	3	—	1	9	59	53	—	0	6	43	27
Virginia§	—	0	8	—	30	3	1	9	32	55	3	2	11	86	52
West Virginia	—	0	2	—	1	—	0	1	—	—	—	0	6	21	15
E.S. Central	5	2	11	50	61	4	14	35	330	769	3	3	11	133	120
Alabama§	—	0	3	8	15	2	3	14	99	160	N	0	0	N	N
Kentucky	1	1	8	17	19	1	6	23	146	130	—	0	5	28	25
Mississippi	—	0	2	—	2	—	1	6	28	46	—	0	0	—	—
Tennessee§	—	1	4	25	25	1	3	11	57	433	3	3	9	105	95
W.S. Central	1	1	52	11	48	2	29	596	387	1,809	3	6	58	223	181
Arkansas	—	0	2	4	7	1	1	7	42	32	—	0	5	18	11
Louisiana	—	0	2	—	14	—	0	11	—	78	—	0	1	—	4
Oklahoma	1	0	8	7	12	1	4	286	54	405	1	2	14	67	72
Texas§	—	1	44	32	15	—	24	308	291	1,294	2	4	43	138	94
Mountain	—	4	15	70	117	2	17	47	298	328	—	10	78	379	378
Arizona	—	0	4	16	13	—	8	29	131	172	—	3	57	180	166
Colorado	—	1	6	30	28	—	3	18	63	49	—	3	8	92	124
Idaho§	2	1	7	25	17	—	0	4	6	5	—	0	2	8	2
Montana	—	0	2	—	7	—	0	1	4	5	—	0	0	—	—
Nevada§	—	0	3	7	12	—	1	8	28	29	—	0	6	—	1
New Mexico§	—	0	3	4	14	—	2	9	35	48	—	1	7	46	48
Utah	4	1	7	28	24	2	1	4	30	20	—	1	6	50	35
Wyoming	—	0	3	6	2	—	0	1	1	—	—	0	1	3	2
Pacific	9	7	55	107	112	28	40	148	774	861	1	2	9	54	58
Alaska	—	0	2	—	6	—	0	2	7	10	—	0	0	—	—
California	6	4	18	70	48	27	32	104	605	746	—	0	0	—	—
Hawaii	—	0	4	6	4	—	0	4	20	14	1	2	9	54	58
Oregon§	—	2	47	30	36	—	2	31	71	43	N	0	0	N	N
Washington	3	2	32	31	18	1	2	43	71	48	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	3	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	3	—	9	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	2	4	2	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-0157; and Shiga toxin positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 15, 2006, and July 16, 2005 (28th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	27	51	334	1,574	1,691	106	167	334	4,312	4,410	342	799	3,204	26,638	16,612
New England	—	1	24	16	153	5	4	17	109	111	46	43	144	987	3,481
Connecticut	U	0	7	U	64	—	0	11	22	23	U	0	58	U	980
Maine†	N	0	0	N	N	—	0	2	8	1	—	5	20	151	208
Massachusetts	—	0	6	—	67	5	2	5	68	75	—	13	54	92	1,558
New Hampshire	—	0	0	—	—	—	0	2	6	7	43	5	30	260	198
Rhode Island	—	0	11	6	14	—	0	6	3	5	—	0	0	—	—
Vermont†	—	0	2	10	8	—	0	1	2	—	3	12	50	484	537
Mid. Atlantic	1	3	15	102	151	11	21	35	580	541	40	103	183	3,051	3,062
New Jersey	N	0	0	N	N	—	2	7	81	74	—	0	0	—	—
New York (Upstate)	1	1	10	39	62	3	2	14	82	35	—	0	0	—	—
New York City	U	0	0	U	U	3	10	22	287	340	—	0	0	—	—
Pennsylvania	—	2	9	63	89	5	5	9	130	92	40	103	183	3,051	3,062
E.N. Central	2	11	41	386	420	8	18	38	445	476	48	213	576	9,736	3,718
Illinois	—	1	3	12	17	—	9	23	214	260	—	1	5	12	59
Indiana	—	2	21	103	133	—	1	4	32	37	N	0	347	N	70
Michigan	—	0	4	15	28	6	2	19	62	40	9	102	174	2,976	2,356
Ohio	2	6	32	256	242	2	4	11	114	119	39	82	420	6,328	943
Wisconsin	N	0	0	N	N	—	1	3	23	20	—	10	41	420	290
W.N. Central	2	1	191	31	28	2	4	9	130	147	3	22	84	983	241
Iowa	N	0	0	N	N	—	0	3	9	4	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	2	12	12	—	0	0	—	—
Minnesota	—	0	191	—	—	—	1	3	16	47	—	0	0	—	—
Missouri	2	1	3	31	22	2	3	8	92	81	3	16	82	926	153
Nebraska†	—	0	0	—	2	—	0	1	1	3	—	0	0	—	—
North Dakota	—	0	1	—	1	—	0	1	—	—	—	0	25	25	12
South Dakota	—	0	0	—	3	—	0	1	—	—	—	1	12	32	76
S. Atlantic	19	24	53	841	683	28	43	186	1,007	1,027	16	90	860	2,830	1,266
Delaware	—	0	2	—	1	1	0	2	14	6	—	1	5	43	22
District of Columbia	1	0	3	20	12	2	1	9	57	61	—	0	5	21	19
Florida	14	13	36	458	360	16	14	29	382	382	—	0	0	—	—
Georgia	2	7	29	281	229	—	8	147	128	171	—	0	0	—	—
Maryland†	—	0	0	—	—	2	5	19	163	163	—	0	0	—	—
North Carolina	N	0	0	N	N	1	5	17	150	136	—	0	0	—	—
South Carolina†	—	0	0	—	—	1	1	7	39	31	2	16	53	726	346
Virginia†	N	0	0	N	N	5	2	12	73	75	8	27	812	1,044	217
West Virginia	2	1	14	82	81	—	0	1	1	2	6	26	70	996	662
E.S. Central	—	3	13	122	122	9	11	21	326	244	3	0	70	65	7
Alabama†	N	0	0	N	N	—	3	12	124	89	3	0	70	65	7
Kentucky	—	0	5	23	22	2	1	8	35	19	N	0	0	N	N
Mississippi	—	0	0	—	1	—	0	6	31	28	—	0	0	—	—
Tennessee†	—	2	13	99	99	7	4	12	136	108	N	0	0	N	N
W.S. Central	—	0	4	11	95	29	25	40	753	678	182	206	1,757	7,209	3,102
Arkansas	—	0	3	11	12	2	0	6	38	30	37	5	110	553	—
Louisiana	—	0	4	—	83	7	4	17	109	144	—	0	7	—	108
Oklahoma	N	0	0	N	N	3	1	6	39	21	—	0	0	—	—
Texas†	N	0	0	N	N	17	18	29	567	483	145	202	1,647	6,656	2,994
Mountain	3	1	27	65	39	3	7	17	200	225	4	52	138	1,777	1,735
Arizona	N	0	0	N	N	3	4	13	97	72	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	20	26	—	33	76	939	1,181
Idaho†	N	0	0	N	N	—	0	1	2	18	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	1	5	—	0	0	—	—
Nevada†	—	0	27	4	2	—	1	12	44	68	—	0	2	4	—
New Mexico†	—	0	1	1	—	—	1	5	34	29	—	3	34	280	150
Utah	2	0	8	28	17	—	0	1	2	7	4	10	55	526	359
Wyoming	1	0	3	32	20	—	0	0	—	—	—	0	8	28	45
Pacific	—	0	0	—	—	11	33	49	762	961	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	5	5	—	0	0	—	—
California	N	0	0	N	N	3	27	42	628	869	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	11	4	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	9	16	N	0	0	N	N
Washington	N	0	0	N	N	8	3	11	109	67	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	3	—	2	12	—	373
Puerto Rico	N	0	0	N	N	—	3	16	54	126	—	8	47	178	443
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 15, 2006, and July 16, 2005 (28th Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	—	1	155	9	75	—	0	203	5	159
New England	—	0	3	—	—	—	0	2	—	—
Connecticut	—	0	2	—	—	—	0	1	—	—
Maine§	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	3	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	1	—	—	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	10	—	1	—	0	4	—	2
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	7	—	—	—	0	2	—	—
New York City	—	0	2	—	—	—	0	2	—	—
Pennsylvania	—	0	3	—	1	—	0	2	—	2
E.N. Central	—	0	39	—	6	—	0	18	—	1
Illinois	—	0	25	—	2	—	0	16	—	—
Indiana	—	0	2	—	1	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	2	—	0	4	—	—
Wisconsin	—	0	3	—	1	—	0	2	—	1
W.N. Central	—	0	26	3	7	—	0	80	4	29
Iowa	—	0	3	—	—	—	0	5	1	—
Kansas	—	0	3	—	1	N	0	0	N	N
Minnesota	—	0	5	—	2	—	0	5	—	3
Missouri	—	0	4	1	1	—	0	3	—	—
Nebraska§	—	0	9	1	1	—	0	24	1	4
North Dakota	—	0	4	—	—	—	0	15	—	4
South Dakota	—	0	7	1	2	—	0	33	2	18
S. Atlantic	—	0	6	—	2	—	0	4	—	2
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	2	—	0	4	—	1
Georgia	—	0	3	—	—	—	0	3	—	1
Maryland§	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	1	—	—	—	0	1	—	—
South Carolina§	—	0	1	—	—	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	1	—	—
West Virginia	—	0	0	—	—	N	0	0	N	N
E.S. Central	—	0	10	2	2	—	0	5	—	3
Alabama§	—	0	1	—	—	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	2	2	—	0	5	—	3
Tennessee§	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	32	2	19	—	0	22	—	10
Arkansas	—	0	3	—	—	—	0	2	—	2
Louisiana	—	0	20	—	5	—	0	9	—	3
Oklahoma	—	0	6	—	1	—	0	3	—	—
Texas§	—	0	16	2	13	—	0	13	—	5
Mountain	—	0	16	1	6	—	0	39	1	25
Arizona	—	0	8	—	4	—	0	8	—	10
Colorado	—	0	5	1	—	—	0	13	—	11
Idaho§	—	0	2	—	—	—	0	3	1	—
Montana	—	0	3	—	—	—	0	9	—	—
Nevada§	—	0	3	—	1	—	0	8	—	2
New Mexico§	—	0	3	—	1	—	0	4	—	2
Utah	—	0	6	—	—	—	0	8	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	1	32	—	0	90	—	87
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	1	32	—	0	89	—	86
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	1	—	—	—	0	2	—	1
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2005 and 2006 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending July 15, 2006 (28th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	487	342	94	30	5	16	31
Boston, MA	126	77	29	12	1	7	7
Bridgeport, CT	24	20	4	—	—	—	1
Cambridge, MA	13	11	2	—	—	—	4
Fall River, MA	17	12	1	4	—	—	—
Hartford, CT	44	27	8	3	2	4	4
Lowell, MA	22	16	3	3	—	—	—
Lynn, MA	8	7	1	—	—	—	—
New Bedford, MA	23	19	3	—	—	1	1
New Haven, CT	22	16	4	—	1	1	2
Providence, RI	65	45	14	4	1	1	—
Somerville, MA	5	5	—	—	—	—	—
Springfield, MA	33	21	9	3	—	—	3
Waterbury, CT	24	20	4	—	—	—	2
Worcester, MA	61	46	12	1	—	2	7
Mid. Atlantic	2,088	1,426	438	128	51	45	104
Albany, NY	35	25	9	—	1	—	2
Allentown, PA	19	16	3	—	—	—	1
Buffalo, NY	66	43	13	4	1	5	2
Camden, NJ	25	6	9	3	3	4	1
Elizabeth, NJ	17	12	4	1	—	—	1
Erie, PA	46	40	4	1	1	—	2
Jersey City, NJ	37	26	10	1	—	—	—
New York City, NY	1,102	755	229	67	26	25	52
Newark, NJ	42	22	13	7	—	—	2
Paterson, NJ	15	9	4	1	1	—	1
Philadelphia, PA	279	164	74	23	9	9	14
Pittsburgh, PA§	27	19	5	3	—	—	2
Reading, PA	40	29	6	4	1	—	2
Rochester, NY	140	112	18	5	4	1	6
Schenectady, NY	32	24	7	1	—	—	5
Scranton, PA	26	20	5	—	—	1	2
Syracuse, NY	90	65	16	5	4	—	5
Trenton, NJ	15	9	6	—	—	—	—
Utica, NY	12	9	2	1	—	—	1
Yonkers, NY	23	21	1	1	—	—	3
E.N. Central	1,792	1,186	418	104	42	42	96
Akron, OH	42	35	6	1	—	—	1
Canton, OH	37	28	4	2	1	2	3
Chicago, IL	U	U	U	U	U	U	U
Cincinnati, OH	73	47	13	2	3	8	9
Cleveland, OH	219	145	51	16	4	3	—
Columbus, OH	196	133	46	9	2	6	13
Dayton, OH	161	115	36	8	—	2	9
Detroit, MI	179	86	59	21	9	4	8
Evansville, IN	49	34	11	3	1	—	2
Fort Wayne, IN	79	61	13	3	2	—	6
Gary, IN	18	6	7	3	1	1	—
Grand Rapids, MI	65	44	15	3	2	1	6
Indianapolis, IN	213	126	60	11	9	7	16
Lansing, MI	52	43	9	—	—	—	3
Milwaukee, WI	101	61	28	9	1	2	10
Peoria, IL	46	30	12	1	2	1	1
Rockford, IL	60	44	12	2	—	2	3
South Bend, IN	61	43	12	4	2	—	—
Toledo, OH	89	61	17	6	2	3	6
Youngstown, OH	52	44	7	—	1	—	—
W.N. Central	578	365	122	45	25	19	29
Des Moines, IA	—	—	—	—	—	—	—
Duluth, MN	31	22	8	—	1	—	—
Kansas City, KS	42	25	11	3	2	1	4
Kansas City, MO	92	61	14	6	5	6	4
Lincoln, NE	42	31	7	1	3	—	1
Minneapolis, MN	62	35	11	8	5	3	5
Omaha, NE	104	69	18	12	2	3	5
St. Louis, MO	79	40	27	5	4	2	6
St. Paul, MN	49	30	12	4	1	2	2
Wichita, KS	77	52	14	6	2	2	2
S. Atlantic	1,171	702	312	89	38	29	68
Atlanta, GA	177	99	50	20	6	2	11
Baltimore, MD	187	106	59	10	4	8	16
Charlotte, NC	100	60	29	5	4	2	6
Jacksonville, FL	U	U	U	U	U	U	U
Miami, FL	114	68	35	5	3	3	3
Norfolk, VA	74	48	20	1	3	1	2
Richmond, VA	69	42	17	5	3	2	5
Savannah, GA	77	51	17	7	2	—	5
St. Petersburg, FL	52	34	6	4	3	5	5
Tampa, FL	199	122	50	21	5	1	12
Washington, D.C.	105	61	26	8	5	5	2
Wilmington, DE	17	11	3	3	—	—	1
E.S. Central	814	498	209	57	37	13	47
Birmingham, AL	183	126	33	12	9	3	13
Chattanooga, TN	71	40	22	5	3	1	2
Knoxville, TN	84	54	22	6	1	1	5
Lexington, KY	75	44	18	6	4	3	2
Memphis, TN	129	79	35	8	7	—	7
Mobile, AL	56	34	13	5	3	1	4
Montgomery, AL	53	34	13	3	3	—	2
Nashville, TN	163	87	53	12	7	4	12
W.S. Central	1,541	1,009	337	114	49	32	51
Austin, TX	82	48	23	7	2	2	2
Baton Rouge, LA	58	37	12	7	1	1	1
Corpus Christi, TX	44	35	6	1	1	1	3
Dallas, TX	210	133	53	14	6	4	6
El Paso, TX	118	88	20	4	4	2	2
Fort Worth, TX	99	63	26	6	—	4	2
Houston, TX	465	276	109	50	17	13	14
Little Rock, AR	89	52	23	7	6	1	3
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	182	135	31	9	7	—	8
Shreveport, LA	61	41	14	3	—	3	5
Tulsa, OK	133	101	20	6	5	1	5
Mountain	1,110	719	229	93	39	30	61
Albuquerque, NM	120	70	27	13	4	6	9
Boise, ID	52	33	14	4	—	1	6
Colorado Springs, CO	72	45	18	4	3	2	3
Denver, CO	85	45	22	5	6	7	4
Las Vegas, NV	237	157	53	16	9	2	10
Ogden, UT	26	19	2	2	1	2	1
Phoenix, AZ	171	101	41	16	9	4	8
Pueblo, CO	37	32	2	3	—	—	4
Salt Lake City, UT	147	109	21	11	3	3	9
Tucson, AZ	163	108	29	19	4	3	7
Pacific	1,832	1,239	412	107	45	28	126
Berkeley, CA	12	7	4	—	—	1	—
Fresno, CA	193	129	42	16	6	—	10
Glendale, CA	21	18	3	—	—	—	3
Honolulu, HI	59	45	6	7	—	1	—
Long Beach, CA	59	39	14	3	1	2	7
Los Angeles, CA	361	259	77	15	6	4	27
Pasadena, CA	29	21	3	1	3	1	3
Portland, OR	135	77	39	12	3	4	8
Sacramento, CA	195	131	44	12	6	2	13
San Diego, CA	162	106	37	11	3	4	16
San Francisco, CA	112	74	27	8	1	2	10
San Jose, CA	188	146	32	4	3	3	10
Santa Cruz, CA	23	14	5	2	2	—	—
Seattle, WA	123	69	40	6	5	3	6
Spokane, WA	72	47	17	4	3	1	9
Tacoma, WA	88	57	22	6	3	—	4
Total	11,413**	7,486	2,571	767	331	254	613

U: Unavailable. —:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

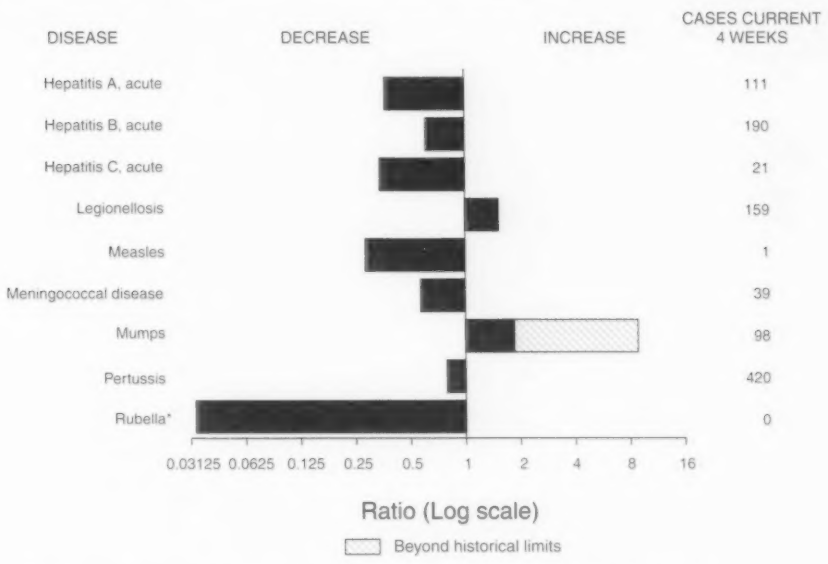
† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals July 15, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 28 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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